

Office Use Only: Debtor Name:
Debtor ID:
Date Processed:

## **Direct Debit Authority**

## Please return to the Finance Office (Main Office Gate 5) by 11th December 2020

## Only required for new JPC families or if wanting to change existing arrangements

I/We have read the Client Service Agreement on the College website outlining the payment of school fees by direct debit and I/we understand the conditions and responsibilities as set out in that document.

I/We hereby authorise John Paul College to continue debiting my/our bank account/credit card ongoing for the express and sole purpose of the payment of my/our school fees, until a new direct debit authority is supplied.

☐ Annual*	☐ Fortnightly*	☐ Monthly*	☐ Quarterly*	
(Please indicate method of payment with a ✓)				
☐ Direct Debit from Bank Account				
Bank Name:				
Account Name:				
BSB:	/			
Account Number:				
OR				
Direct Debit	from Credit Card (Mastercard	l or Visa only)		
Cardholder signatu *Payment dates as payment fail to be	(Please Print)	ould my/our account the school to continue	be in arrears or a	
Parent Full Name:		Phone:		
Student/s Name/s:				
Email for Fee Statements:				
Signature:		Date:		