

## NEW / AMENDMENT

(Please circle)

Please return forms to the Finance Office at [finance@cbcfremantle.wa.edu.au](mailto:finance@cbcfremantle.wa.edu.au)  
08 9336 2700

### Request and authority to Debit Card account

Name:

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Home address:

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State:      Postcode:

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Phone:

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"You" request and authorise CBC FREMANTLE User ID 375112 to arrange, through its own financial institution, a debit to your nominated account any amount CBC FREMANTLE, has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

### Insert details of Bank Account to be debited

Name/s on account:

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BSB number (must be 6 digits):

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Account number:

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### Debit frequency

- Option 1 (1 instalment)**  
Total annual fees. Within 2 weeks of receipt of first Fee Statement.
- Option 2 (4 instalments - Feb/May/Aug/Oct)**  
Total annual fees to be paid in 4 equal instalments. Due 25th of each month.
- Option 3 (9 Instalments - Feb-Oct)**  
Total annual fees to be paid in 9 equal instalments. Due 25th of each month.
- Option 4 (18 instalments - Feb-Oct)**  
Total annual fees to be paid in 18 equal instalments. Fortnightly from the 25th February.

### Debit Amount

Divide your annual school fees by the number of instalments you wish to make and write the amount in the space provided.

The amount to be debited each time is \$ \_\_\_\_\_ - \_\_\_\_\_

### Authorisation

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and CBC Fremantle as set out in this Request and in your Direct Debit Request Service Agreement.

Signature:

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Child's name:

Date:

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Family code:

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