DIRECT DEBIT REQUEST & PAYMENT ARRANGEMENT FORM

YOUR DETAILS

First name | Last name | Signature | Date

Address | State | Postcode | Phone

STUDENT DETAILS

Student name | Year level | Student name | Year level

Student name | Year level | Student name | Year level

INSTALMENT OPTIONS (PLEASE TICK)

Payment amount will be the amount on the Annual Fee Statement for the option you have selected.

- ☐ Annual: Payment in full due on Statement Due Date
- ☐ Termly: 4 payments: February/May/August/October
  Refer to Financial Information Fee Brochure for dates
- ☐ Monthly: 16th of each month
- ☐ Fortnightly Option: Fortnightly on a Thursday
  Select a Thursday to start, then deductions will be fortnightly from this date
- ☐ Weekly: Weekly on a Friday

Commencement Date

PAYMENT OPTIONS (PLEASE TICK)

- ☐ DIRECT DEBIT — Please complete the Direct Debit Authorisation (below)
- ☐ CREDIT CARD — Please complete the Credit Card Authorisation (below)

DIRECT DEBIT AUTHORISATION

Name of Bank | Account Name

BSB Number | Account Number

CREDIT CARD AUTHORISATION

Name on Card | Mastercard ☐ | Visa ☐

Card Number | Expiry Date ___ / ___

continued overleaf

DECLARATION

I/We authorise Georgiana Molloy Anglican School to arrange for funds to be debited from my/our nominated bank account by Direct Debit or Credit Card for the payment of school fees and charges, in accordance with the terms described on our Direct Debit Service Agreement.

I/We acknowledge the Direct Debit payment arrangement will not cease and will continue automatically each year without the need to complete a new form. The school will automatically adjust the deduction amounts in February each year according to the calculations as per the Annual Fee Statement.

I/We acknowledge this may result in an increase or decrease to the repayment amounts each year.

Please note: Any cancellation to this agreement must be made in writing to accounts@gmas.wa.edu.au

First name	Last name	Signature	Date

If debiting from a joint bank account, please complete the details for the second account holder:

First name	Last name	Signature	Date

Office use only:	Family ID	Statement Group	Amount	Entered	Document Manager

SERVICE AGREEMENT

DIRECT DEBIT REQUEST

1. This document outlines our commitment to you, your rights and your responsibilities in respect of the Direct Debit Request (DDR) arrangements made between Georgiana Molloy Anglican School (GMAS), User ID 230367 and you.
2. GMAS undertakes to periodically debit your nominated account for the purpose and amount specified in the DDR.
3. Direct debits will occur on the nominated date or may occur up to two business days after the nominated date to allow for weekends or any unforeseen circumstances.
4. GMAS will give you at least 14 days' written notice when changes to the initial terms of the arrangement are made. This notice will state any new amount, frequency, next direct debit date and any other changes to the initial terms.
5. It is your responsibility to ensure that your nominated account can accept direct debits (please check with your financial institution prior to entering into this agreement) and that there are sufficient cleared funds in your nominated account.
6. If you wish to defer any payment or alter any of the details referred to in the DDR, please contact the Assistant Business Manager 48 hours prior to the next payment.
7. If you wish to cancel your DDR arrangement, please contact the Assistant Business Manager in writing at least seven days prior to the next payment.
8. You are required to advise GMAS if the nominated account is transferred or closed.
9. If your direct debit is returned or dishonoured by your financial institution, we will contact you to arrange an alternative payment. Any transaction fees payable by GMAS in respect of the above will be added to your fees account.
10. If your direct debits continue to be dishonoured, GMAS reserves the right to cancel your DDR arrangement, resulting in full payment of your account balance being requested.
11. Any queries concerning debit payments or disputed payments must be directed to GMAS in the first instance. These should be made at least seven working days prior to the next scheduled direct debit. All communication addressed to GMAS should include your account details.
12. If you do not receive a satisfactory response from GMAS, you are able to lodge a dispute claim with your financial institution. You will receive a refund of the debited amount if GMAS cannot substantiate the reason for the debit.
13. All personal customer information held by GMAS will be kept confidential except to the extent that disclosure is necessary in order to process debit payment, investigate and resolve disputed transactions or is otherwise required or permitted by law.

Please complete this form and return by post, email or in person.
For enquiries please contact the GMAS Assistant Business Manager in person, via telephone, email or post.

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