

Good News Lutheran College (314011) Direct Debit Request (DDR)

You may contact us as follows:

Phone 03 8742 9008

Email finance@goodnews.vic.edu.au

Mail 580 Tarneit Road, Tarneit VIC 3029

All communication addressed to us should include your Customer Number.

PART A - Your Details

Customer Number:	<input type="text"/>		
Customer Name:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
State:	<input type="text"/>	Postcode:	<input type="text"/>

PART B – Schedule

Date of first payment:

<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
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Frequency:

- A regular **WEEKLY** payment (to be deducted each Thursday)
- A regular **FORTNIGHTLY** payment (to be deducted on Thursday fortnightly)
- A regular **MONTHLY** payment (to be deducted on the 15th of each month)
- A regular **QUARTERLY** payment (to be deducted on the 15th of Feb, May, Aug and Oct)

Number of payments:

- Continue until further notice

OR

- Stop after payments



PART C – Payment Amounts

First Amount: Leave blank if same as regular amount.

Regular Amount: Payment amount for each debit.

Final Amount: Leave blank if same as regular amount.

Part D – Cheque/Savings Accountor Credit Card Authorisation

I/We request and authorise GOOD NEWS LUTHERAN COLLEGE (314011) to arrange, through its own financial institution, a debit to my nominated account any amount GOOD NEWS LUTHERAN COLLEGE (314011) has deemed payable. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from my account held at the financial institution nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Financial Institution:

Branch:

Account Name:

BSB No:

Account Number:

I/We request and authorise Acknowledgement. By signing and/or providing 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 GOOD NEWS LUTHERAN COLLEGE as set out in this request and in your Direct Debit Request Service Agreement.

Signature: **Date:**

Signature: **Date:**

If debiting from a joint account, both signatures are required.

OR



I request you GOOD NEWS LUTHERAN COLLEGE to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Credit Card Number:

Expiry Date:

Cardholder Name:

Signature:

Date:

Completed Application

Return your completed application by mail to:

580 Tarneit Road
Tarneit, VIC, 3029
Australia

