



DIRECT DEBIT REQUEST 2020

I/We request you (Redlands College) to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the details specified below.

Name

School Account Number

Date

Name of Financial Institution

MasterCard

Visa

Credit/Debit Card Number

Expiry Date

Cardholder Name

Signature(s)

Please debit the above account as per the payment option I/we have indicated below:

- Term fees** to be debited on the **due date each term (NO Admin fee applies)**
- Weekly** deductions of _____ commencing _____ continuing as per schedule **ending _____ (Admin fee of \$12.50/term applies)**
- Fortnightly** deductions of _____ commencing _____ continuing as per schedule **ending _____ (Admin fee of \$12.50/term applies)**
- Monthly** deductions of _____ commencing _____ continuing as per schedule **ending _____ (Admin fee of \$12.50/term applies)**

UPON REQUEST THE ACCOUNTS TEAM WILL BE HAPPY TO CALCULATE YOUR INSTALMENT AMOUNT.

