



**Please complete and return to Fees Officer by 23 January 2017:**

Mail: Matthew Flinders Anglican College, Stringybark Road,  
Buderim Qld 4556

Email: fees@mfac.edu.au

Phone: 07 5477 3264

## DIRECT DEBIT REQUEST

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

New Request

Alteration (Please indicate your new account details)

Cancellation

**Please Note: If you have an existing Direct Debit Arrangement in place, there is no need to complete this Request. All current Direct Debit Agreements will remain in place unless advised otherwise.**

### Direct Debit Request

Request and Authority to debit the account named below to pay Matthew Flinders Anglican College

### Request and Authority to debit

Your Surname: \_\_\_\_\_

Your Given Name(s): \_\_\_\_\_

Your Parent Code: \_\_\_\_\_

Please list the names of all students for whom fees are to be covered by this Direct Debit arrangement:

Student Name(s):


You request and authorise Matthew Flinders Anglican College (user ID: 030363) to arrange, through its own financial institution, a debit to Your nominated account any amount Matthew Flinders Anglican College 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.

## Name and address of Financial Institution at which Account is held

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Details of Account to be debited

Name(s) On Account: \_\_\_\_\_

BSB Number (must be 6 digits): 

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Account Number: \_\_\_\_\_

## Acknowledgment

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 Matthew Flinders Anglican College as set out in this Request and in Your Direct Debit Request Service Agreement.

I/We have read and understood the Direct Debit Service Agreement

## Your Signature and Address

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: 

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## Second Account Signatory (if required)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: 

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