



St Philomena School

61 Koplick Rd,
Park Ridge QLD 4125

Reg. 1557

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DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay St Philomena Ltd

Request and Authority to debit

Your Surname or company name

Your Given names or ABN /ARBN

_____ "You"

request and authorise **St Philomena School Ltd (User ID 501694)** to arrange, through its own financial institution, a debit to Your nominated account the amount **St Philomena School Ltd**, has agreed with 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 the name and address of financial institution at which account is held

Financial institution name

Address

Insert details of account to be Debited

Name/s on account

BSB number (Must be 6 Digits) _____ - _____

Account number

Amount and frequency

Please deduct the amount of \$ _____

weekly on a Thursday, fortnightly on a Friday (please tick)

First payment on ____/____/____ Last payment on ____/____/____ or when cancelled
(to continue direct debit indefinitely)

Authority to acknowledge donation in publications

St Philomena School is grateful for all the generous donations from individuals, organizations, and businesses over the years. We would like to acknowledge the donors by listing their names in publications and/or plaques (not values will be publicised).

We request your consent to include your name in these publications.

- I DO give my consent
- I would like my donation to remain anonymous

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 **St Philomena School Ltd** as set out in this Request and in Your Direct Debit Request Service Agreement

Insert Your signature and address

Signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Postal Address

E-Mail Address

Date ___ / ___ / _____

Second account signatory

(if required)

Signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Postal Address

E-Mail Address

Date ___ / ___ / _____

Please return completed form to:

Pledge Your Support
St Philomena School
61 Koplick Road
Park Ridge
4125
