



TUITION FEE 10 MONTH INSTALMENT PLAN 2022
DIRECT DEBIT AUTOMATIC DEDUCTION AUTHORITY

_____ / _____ / _____

Reference / Account Number: _____

Insert name and address of Financial Institution at which your account is held:

Insert your name in full:

I / We _____
 (Surname/s)

(Given Name/s)

request you until further notice in writing to debit to my/our account described in the schedule below, any amounts which **Overnewton Anglican Community College** (the User) [User ID number 168513] may debit or charge me/us through the Direct Debit System.

I / We understand and acknowledge that:

1. The Financial Institution may, in its absolute discretion, determine the order of priority of payment by it of any moneys pursuant to this Request or any authority of mandate.
2. The Financial Institution may, in its absolute discretion, at any time by notice in writing to me/us terminate this Request as to future debits.
3. The User may, by prior arrangement and advice to me/us, vary the amount of frequency of future debits.

Customer's Signature/s _____

Customer Address: _____

_____ Postcode _____

Customer Phone Number: _____

PAYMENT SCHEDULE

Insert Name of Account which is to be debited: _____

BSB
 Number:

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Account
 Number

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Amount: \$ _____ monthly

Deduction Dates	Tuesday	15 February	Friday	15 July
	Tuesday	15 March	Monday	15 August
	Friday	15 April	Thursday	15 September
	Monday	16 May	Monday	17 October
	Wednesday	15 June	Tuesday	15 November

Please return to joanne.henderson@overnewton.vic.edu.au