



**Goldfields Baptist College**  
4 Maguire St  
PO Box 10267  
KALGOORLIE WA 6433  
Ph: 08 9022 7535 Fax: 08 9022 2073

For Account Identifier:

## DIRECT DEBIT REQUEST

Customer's details in full

I/We: Customer Name

Email Address

Address

Contact Phone Nos.

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authorise and request Goldfields Baptist College (User ID no 175308), until further notice in writing, to arrange for my/our account (as described in the Schedule below) to be debited as specified below, provided that if no amount is specified, the account may be debited with any amounts which the Debit User may properly debit or charge me/us through the Direct Debit System:

### THE SCHEDULE

Details of account to be debited:

Note: Direct Debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.

Account Name:

Bank & Branch Name:

Bank Name

Branch Name

BSB & Account Number:

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BSB Number

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Account Number

Direct Debit to commence on:

Date

And then:

Amount to be debited:

Reason for Payment:

### ACKNOWLEDGEMENT

**I/We have read the Direct Debit Request Service Agreement and agree to its terms.**

I/We authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement.

I/We confirm account details are correct and that this request is signed by required number of authorised signatories.

Customer Sign:

Date:

Customer Sign:

Date: