Direct Debit Request (DDR) Service Agreement

Our commitment to you
This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between St Mary’s School ABN: 87 486 483 737 and you. Direct Debit arrangements pertain to requests to deduct money from your financial institution account. The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR form.

Drawing arrangements
- The first drawing under this Direct Debit arrangement will occur on the nominated date.
- We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice to the address you have given us in the Direct Debit Request.
- We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- We will only disclose information that we have about you to the extent specifically required by law; or for the purposes of this agreement (including disclosing information in connection with any query or claim).

Your rights
Changes to the arrangement
You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14) days notification by:
- telephoning us on 9398 4842 during business hours;

Enquiries
- telephoning us on 9398 4842 during business hours;

Disputes
- You should check your account statement to verify that the amounts debited from your account are correct.
- If you believe that there has been an error in debiting your account, you should notify us directly on 9398 4842 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.
- If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Your commitment to us
It is your responsibility to ensure that:
- your nominated account can accept direct debits (your financial institution can confirm this); and
- your account details which you have provided to us are correct by checking them against a recent account statement; and
- that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
- If there are insufficient clear funds in your account to meet a debit payment you may be charged a fee and/or interest by your financial institution. You may also incur fees or charges imposed or incurred by us; and you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
DIRECT DEBIT REQUEST (DDR)
2016 Bank Account Direct Debit Instalment Authority

I/we request and authorise St Mary’s School, Altona, to arrange, through its own financial institution, to debit funds from my/our nominated account at the financial institution shown below according to the details specified.

Name(s):  ...............................................................

Address:  ...................................................................

.....................................................................Postcode ......................

Telephone:  ..............................

Please deduct money from my/our Financial Institution account:

This debit 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. It is for the duration of the 2016 School Year ONLY.

Name and Branch of Financial Institution where account is held:

...........................................................................................

BSB Number:  ..........................Account Number  ........................................

Name of Bank Account:  .................................................................

Please debit $......................... from the above account

each:

<table>
<thead>
<tr>
<th></th>
<th>Month</th>
<th>4 Instalments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fortnightly</td>
<td>3/3</td>
<td>5/5</td>
</tr>
<tr>
<td>Monthly</td>
<td>3/3</td>
<td>7/4</td>
</tr>
<tr>
<td>4 Instalments</td>
<td>3/3 then fortnightly for 16 instalments</td>
<td></td>
</tr>
</tbody>
</table>

Signature(s):  ...............................................  ........................................

(To be signed by both parties for joint accounts.)

Date ............................................................

Office use: Commenced .................................
Direct Debit Request (DDR)
2016 CREDIT CARD DIRECT DEBIT INSTALMENT AUTHORITY

FAMILY NAME: ........................................................................................................................................

ELDEST CHILD’S NAME AND CLASS: ........................................................................................................

TYPE OF CREDIT CARD: [ ] Mastercard [ ] Visa

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date: _ _ / _ _

Exact Name on Card: (please print) ........................................................................................................

Please debit $………………………… from the above account

each:
  Fortnight ☐           Month ☐           4 Instalments ☐

4 Instalments 3/3  5/5  7/7  8/9
Monthly 3/3  7/4  5/5  2/6  7/7  4/8  1/9  6/10
Fortnightly 5/3 then fortnightly for 16 instalments

Signature: ........................................................................................................................................

Date………………………………………………..

Please note:
Please ensure you check your credit card statements to ensure all payments have been processed.
Any fees and charges incurred due to insufficient funds will be added to your account.
Any amounts listed after the card expiry date cannot be processed unless the school office has been advised of the new expiry date.

Office use: Commenced………………………………