Our Lady of Mercy College

100 Leisure Drive, Australind WA 6233
PO Box A220, Australind WA 6233
Phone: (08) 9720 3300
Email: olmca.accounts@cewa.edu.au

PAYMENT AUTHORISATION FORM

Name:	
Address:	
Phone Number:	
Account Number:	(located on at the top of your statement)

Payment Details:

Amount: $ ☐ Monthly ☐ Fortnightly ☐ Weekly

Start Date: End Date: Please keep my payment ongoing: ☐ Yes

Payment Method – Please select by ticking applicable box and complete relevant authorisation below

☐ Credit Card ☐ Direct Debit

Credit Card Authorisation:

Card Type: ☐ Mastercard ☐ Visa

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry:** ☐☐/☐☐

Card Holder's Name:

Direct Debit Authorisation:

Your full name

request and authorise **Our Lady of Mercy College User ID: 605886** to arrange, through its own financial institution, funds to be debited as per this request. 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. If a joint account, please ensure this form is signed in accordance with the authority to operate the account.

Name of Financial Institution:

BSB number: ☐☐☐ ☐☐☐ **Account number:** ☐☐☐☐☐☐☐☐☐

By **signing** the declaration below, 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 **Our Lady of Mercy College** as set out in this Request and in your Direct Debit Request Service Agreement available on the school website.

Declaration:

I/we hereby acknowledge that our account with Our Lady of Mercy College will be paid in full by the due date. I/we will contact Our Lady of Mercy College in writing should I/we be unable to commit to this agreement.

If you are signing for and on behalf of another person, please state the capacity in which you sign, in the signature box below.

Signature: Date: