



REDLANDS  
COLLEGE

## DIRECT DEBIT REQUEST 2018

I/We request you (Redlands College) to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the details specified below.

Name

School Account Number

Date --

Name of Financial Institution

MasterCard

Visa

Credit/Debit Card Number ---

Expiry Date -

Cardholder Name

Signature(s)

Please debit the above account as per the payment option I/we have indicated below:

- Term fees** to be debited on the **due date** for payment of **each term**.
- Weekly** deductions of \$ \_\_\_\_\_ (as mutually agreed)  
**commencing** \_\_\_\_\_ and continuing as per schedule  
**ending** \_\_\_\_\_ (Administration fee of \$12.50 per term to apply)
- Fortnightly** deductions of \$ \_\_\_\_\_ (as mutually agreed)  
**commencing** \_\_\_\_\_ and continuing as per schedule  
**ending** \_\_\_\_\_ (Administration fee of \$12.50 per term applies)
- Monthly** deductions of \$ \_\_\_\_\_ (as mutually agreed)  
**Commencing** \_\_\_\_\_ continuing as per schedule  
**ending** \_\_\_\_\_ Administration fee of \$12.50 per term applies.)

**PLEASE TURN OVER FOR CALCULATIONS →**