

SCHEDULED INSTALMENT REQUEST

Request and Authority to debit the account or debit/credit card named below to pay Tyndale Christian School (ABN: 43 329 562 439)

Last Name

First Name or 'you'

School ID

Request and authorise **Tyndale Christian School (253246)** to arrange, through its own financial institution, a debit to your nominated account any amount **Tyndale Christian School** has deemed payable by *you*.

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 and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Please enter details for Cheque or Savings Account below **or** enter your credit card details via the Parent Portal **before submitting this form.**

Nominated Account Details

Name of Financial Institution

Address of Financial Institution

Name of Account to be debited

 -

BSB

Account Number

Payment Details (optional, delete if not required)

The first debit may be made on / / **and at the following intervals after that:**

Daily **Weekly** **Fortnightly** **Monthly** **Quarterly** **Annually**

Acknowledgement

By signing 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 **Tyndale Christian School** as set out in this Request and in your Direct Debit Request Service Agreement.

Account Signatures

Signature

Name of signatory

 / /

Date

Signature

Name of signatory

 / /

Date