

# SCHEDULED INSTALMENT REQUEST

**Request and Authority to debit the account or debit/credit card named below to pay Tyndale Christian School - Strathalbyn (ABN: 81 829 804 365)**

Last Name

First Name or 'you'

Request and authorise **Tyndale Christian School – Strathalbyn (460883)** to arrange, through its own financial institution, a debit to your nominated account any amount **Tyndale Christian School - Strathalbyn** 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.

### 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 - Strathalbyn** 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