

Orana Steiner School
ABN: 85 091 899 426
Unwin Place, Weston, ACT 2611
finance@oranaschool.com

Direct Debit Request

Request and Authority to debit the account
named below to pay Orana Steiner School

ABN 85091899426

Your Account ID Reference Number _____

Request and Authority
to debit

Your Surname or company name _____

Your Given names or ABN/ARBN _____ "you"

request and authorise **Orana Steiner School ABN 85091899426 De User Id 069626** to arrange, through its own financial institution, a debit to your nominated account any amount **Orana Steiner 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.

Insert the name and
address of financial
institution at which
account is held

Financial institution name _____

Address _____

Insert details of
account to be debited

BSB number (Must be 6 Digits) |_|_|_|_|_| - |_|_|_|_|_|

Account number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Name/s on account _____

or

Credit Card Number _____

Expiry Date _____ CVV _____

Name on card _____

For the amount of \$ _____ per Fortnight/Month/Term*

Start Date (refer to 2021 School Fee Schedule for payment dates):

* Termly automatic payments will be automatically adjusted to include any miscellaneous charges added to your account since the previous payment was received.

Acknowledgment

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 **Orana Steiner School** as set out in this Request and in your Direct Debit Request Service Agreement.

Unless advised otherwise, **Orana Steiner School** will automatically continue your direct debit in future years and automatically adjust the amount to include any fee increases.

Insert your signature and address	Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director) Address _____ _____ Date ___ / ___ / ___
Second account signatory (if required)	Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director) Address _____ _____ Date ___ / ___ / ___