

Direct Debit Request

Request and Authority to debit the account named below to pay Andrew Baildon's SUPERFISH Swim Schools

SUNNYBANK
ABN NO: 14 092 672 387 Debit ID Number 323593 Credit ID Number 323596

PACIFIC PINES
ABN NO: 83 588 517 972 Debit ID Number 385375 Credit ID Number 385285

Admin Use Only		Surname	1st Name
Parent Enrolment Name:	<input type="text"/>		
Children's Name/s:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Direct Debit form to be FILED under Parent Enrolment Name	<input type="text"/>		

Request and Authority to Debit	<p>Surname or Company Name: _____</p> <p>Given Names or ABN/ARBN: _____ ("you")</p> <p>request and authorise SUPERFISH Swim Schools to arrange its own financial institution, a debit to your nominated account, SUPERFISH Swim Schools, 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.</p>
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BANK ACCOUNT Insert the Name, Address of Financial Institution and details of Savings or Cheque account to be debited	<p>Financial Institution Name: _____</p> <p>Branch: _____</p> <p>Account Name: _____</p> <p>BSB Number: <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/></p> <p>Account Number: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
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CREDIT CARD Insert details of Credit Card account to be debited	<p><input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> MasterCard</p> <p>Card Name: _____</p> <p>Credit Card Number: <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Expiry Date: <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> CVV: <input type="text"/><input type="text"/><input type="text"/> (The three-digit security code printed on the back side of the card)</p> <p>Signature: _____ Date: ____ / ____ / ____</p>
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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 SUPERFISH Swim Schools as set out in this Request and in your Direct Debit Request Service Agreement.
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Payment Details	<p>I understand that my Direct Debit deduction will be determined by the number of weeks in the calendar month (a minimum of 3 lessons and a maximum of 5 lessons per month - based on 1 lesson per week) and that my monthly deduction will VARY from month to month.</p> <p>I also understand that my deduction will VARY per month based on the number of children and the number of lessons that they swim per week.</p>
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Start Date of Direct Debit	The first debit will be made on ____ / ____ / ____ and then every first Tuesday of each calendar month until further notice.
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CANCELLATION DETAILS	I understand that to cancel my Direct Debit TWO (2) WEEKS notice must be given prior to the processing DATE of next month's Direct Debit. **Cancellation notice must be IN WRITING**
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Insert your signature and address	<p>Signature/s: _____ (if signing for a company, sign and print full name and capacity for signing eg director)</p> <p>Address: _____</p> <p>Phone: _____ Post Code: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Email: _____ Date: ____ / ____ / ____</p>
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