



Direct Debit Request from a Bank Account

Request and Authority to debit the account below to pay Educang Ltd in 2010																	
Your College Account	College Fee Account Number _____ (Family Code) Student Name(s) _____																
Request and Authority to debit	Surname or Company Name : _____ Given names or ACN/ARBN _____ ("you") Request and authorise Educang Ltd to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.																
Insert the Name and Address of Financial Institution at which the account is held	Name of Financial Institution _____ Address _____ _____																
Account details to be debited	Name of Account _____ BSB Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Account Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
Acknowledgement	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Educang Ltd, as set out in this Request and in your Direct Debit Request Service Agreement. A fee of \$50.00 will be charged to your school fee account per any rejection / dishonour. Any rejected or dishonoured payment must be paid in full before the next scheduled direct debit.																
Payment Details	Commencing on / / (Please refer to your Direct Debit Payment Schedule for the next scheduled direct debit date) Please debit \$..... per Fortnight / Month (Please select one)																
Insert your signature and address	Signature _____ (If signing for a company, sign and print full name and capacity for signing .eg Director) Address _____ _____ Date / /																
College Use Only	S/G _____ DD Amt _____ Input _____ DDB _____ Code _____ _____ <div style="text-align: right;">Canc - DDB _____ Code _____</div>																