

Date

## **2026 Direct Debit Request**

## Request and Authority to debit the account named below to pay

St James' Parish School ABN 21 651 959 016

Direct Debit Request and Authorisa	ation			
Last Name or Company Name			ne or ABN	'you'
Request and authorise St James' Parish School		_	_	
o your nominated account any amount St Jam				
This debit or charge will be made through the B nstitution you have nominated below and will Agreement.				
Nominated Account Details				
Name of Financial Institution				
Address of Financial Institution				
Name of Account to be debited	_			
BSB	Account N	Number		
		varriber		
Payment Details (optional, delete if not	required)			
Amount to be debited:		•		
The first debit may be made on 2 6 /	0 2 / 2 0	2 6	and at the following	ng intervals after that:
☐ Fort	tnightly $\square$ M	lonthly	Quarterly	☐ Annually
Acknowledgement				
By signing and/or providing us with a valid ins agreed to the terms and conditions governing n this Request and in your Direct Debit Reque	the debit arranger	ments betw	-	
Account Signatures				
Signature		Signature		
Name of signatory		Name of si	gnatory	
1 1		,		