



Kalinda Road
Ringwood Vic 3134
9262-7700

Direct Debit Request

Request and Authority to debit the account named below to pay Yarra Valley Grammar

Request and Authority to debit	<p>Your Surname _____</p> <p>Your Given names _____ "you"</p> <p>request and authorise Yarra Valley Grammar to arrange, through its own financial institution, a debit to your nominated account any amount Yarra Valley Grammar, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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>														
Insert the name and address of financial institution at which account is held	<p>Financial institution name _____</p> <p>Address _____ _____</p>														
Insert details of account to be debited	<p>Name/s on account _____</p> <p>BSB number (Must be 6 Digits) <table border="1" data-bbox="928 1156 1310 1212"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>Account number <table border="1" data-bbox="722 1212 1310 1268"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>														
Acknowledgment	<p>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 Yarra Valley Grammar as set out in this Request and in your Direct Debit Request Service Agreement.</p>														
Insert your signature and address	<p>Signature _____</p> <p>Address _____ _____</p> <p>Date <input data-bbox="595 1650 817 1695" type="text"/></p>														
Second account signatory (if required)	<p>Signature _____</p> <p>Address _____ _____</p> <p>Date <input data-bbox="595 1875 817 1920" type="text"/></p>														