



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

Your Surname _____

Your Given names _____ "you"

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 *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

Name/s on account _____

BSB number (Must be 6 Digits)

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Account number

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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 **Yarra Valley Grammar** as set out in this Request and in your Direct Debit Request Service Agreement.

Insert your signature and address

Signature _____

Address _____

Date

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Second account signatory (if required)

Signature _____

Address _____

Date

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