



AL SADIQ COLLEGE INCORPORATED
DIRECT DEBIT REQUEST FORM

PARENT INFORMATION

SURNAME GIVEN NAME (S)

ADDRESS

EMAIL

HOME PHONE NUMBER MOBILE NUMBER

PAYMENT OPTION 1: DIRECT DEBIT FROM A BANK ACCOUNT

Financial institution name:

Branch Address

Name (s) on Account

BSB Number Account Number

PAYMENT OPTION 2: DIRECT DEBIT FROM A CREDIT CARD

Credit Card Type Visa Mastercard CCV NUMBER

Cardholder name:

Credit card number Expiry date

When your credit card expires, please ensure you contact the school on 8199 9600 to advise your new expiry date.

PAYMENT DETAILS

We will debit or charge your nominated account on the first day of every term and then every fortnight after that for:
Fortnightly instalments of Tution Fees / Bus fees.

I / We request and authorise Al Sadiq College, until further notice in writing to arrange for funds to be debited from my / our account at the financial institution identified and as prescribed above.

By signing this Direct Debit Request Form, I / We acknowledge having read and understand the terms and conditions governing the debit arrangements between me / us and Al Sadiq College as set out in this authority and in the Direct Debit Agreement.

SIGNATURE - PARENT 1 DATE / /

SIGNATURE - PARENT 2 DATE / /

OFFICE USE ONLY

Account Reference Number

BUS FEES

STUDENT (s) NAME (S)

PAYMENT START DATE / / AMOUNT PAID FORTNIGHTLY