



CATHOLIC COLLEGE WODONGA

DIRECT DEBIT AUTHORITY FOR BANK ACCOUNT OR CREDIT CARD

Request and Authority to debit the Account named below to pay Catholic College Wodonga

Parent/Guardian Name(s) _____

Option 1:
Bank Account

Financial Institution Name _____

Account Name _____

BSB number | | | | | - | | | | |

Account number | | | | | | | | | | | | | | |

OR Option 2:
Credit Card

Credit Card Type Visa MasterCard

Name on Card _____

Credit Card No. | | | | | | | | | | | | | | | | | | | | |

Expiry Date | | | | | / | | | | |

When your credit card expires, please ensure you contact the Finance Team to advise your new expiry date.

Payment Details

Amount to be debited per payment: \$ | | | | | | | | - | | | | |

| ✓ | Frequency | Preference | First debit date | |
|---|-------------|---|---|---|
| | | | Start Date | Alternative Date* |
| | Weekly | Thursday / Friday <i>(please circle)</i> | 8 th / 9 th Feb 2024 | or ____ / ____ / ____ <i>(must be Thurs or Fri)</i> |
| | Fortnightly | Thursday | 8 th / 15 th Feb 2024 <i>(please circle)</i> | or ____ / ____ / ____ <i>(must be Thursday)</i> |
| | Fortnightly | Friday | 9 th / 16 th Feb 2024 <i>(please circle)</i> | or ____ / ____ / ____ <i>(must be Friday)</i> |
| | Monthly | 14 th / 28 th <i>(please circle)</i> | 14 th / 28 th Feb 2024 | or ____ / ____ / ____ <i>(must be 14th or 28th)</i> |
| | Quarterly | | 14 th Feb (then 14 th May, Aug & Nov 2024) | |
| | Annually | | 31 st March 2024 | or ____ / ____ / ____ <i>(must be prior to 31 Mar)</i> |

* Alternative Date will apply if you wish to commence payments prior to the Start Date, or if enrolment is after the Start Date.

Acknowledgment

I/we request and authorise *Catholic College Wodonga – Debit User ID Number 133614* to arrange for funds to be debited from my/our account, at the financial institution identified and as prescribed above. This authority will remain in place until I/we no longer have enrolled students and my/our account balance is Nil, or unless otherwise advised in writing.

By signing this Direct Debit Authority, I/we acknowledge having read and understood the terms and conditions governing the debit arrangements between me/us and Catholic College Wodonga as set out in this Authority and in your Direct Debit Service Agreement overleaf.

Signature 1: _____

Date: ____ / ____ / ____

Signature 2: _____
(if applicable)

Date: ____ / ____ / ____



CATHOLIC COLLEGE WODONGA DIRECT DEBIT SERVICE AGREEMENT

The following is your Direct Debit Service Agreement with Catholic College Wodonga (ABN 31 244 284 084). The agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit Provider.

Direct Debit arrangements

Your signature on the Direct Debit Authority form allows us to debit your nominated account in the manner referred to. If a direct debit falls on a day, which is not a business day, the drawing will be made on the next business day.

We will keep your direct debit records and account details confidential, except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. We may disclose the information in the event of a claim or relating to an alleged incorrect or wrongful debit, or otherwise as required by law.

If you believe that there has been an error in debiting your account, you should notify the Finance Team as soon as possible and we will endeavor to respond to your dispute within 5 business days of receipt.

Your rights

You can cancel, alter, or suspend your drawing arrangements at any time by notifying the Catholic College Finance Team, at least 2 business days before the cancellation, alteration or suspension is to take effect. You can also stop or defer an individual drawing by notifying us at least 2 business days before the date that the drawing is to be made. Any amendments should be made in writing to the Finance Team via email or post (details below).

Your responsibilities

It is your responsibility to:

- Ensure you check and communicate any discrepancies to the Finance Team. Advice of payments will be via quarterly Statements issued within the first week of each new term, and upon settlement of your account.
- Ensure that your designated account can accept direct debits. Direct debiting may not be available on all accounts, so please check with your financial institution.
- Check that you have filled in your correct account details on the Direct Debit Authority.
- Ensure that there are sufficient cleared funds in your nominated account by the due date to enable drawings to be made in accordance with your drawing arrangements. If there are insufficient clear funds in your account to meet a debit payment:
 - You may be charged a fee and/or interest by your financial institution;
 - You may also incur fees or charges imposed or incurred by us; and
 - You must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- Notify us immediately if your nominated account is transferred, closed or any other account details change.
- Arrange a timely and suitable alternative payment method if your drawing arrangements are cancelled.

Finance Team Contact Details

Business Manager – Mr Greg Davis – 02 6043 5513 (voicemail available)

Accounts Receivable – Mrs Angela Elvidge – 02 6043 5594 (voicemail available)

Email: finance@ccw.vic.edu.au