# Southern Cross Grammar  - Direct Debit Authority

**Request and Authority to debit the account named below to pay Southern Cross Grammar**

| | | |
|---|---|---|
| Company Name: | Southern Cross Grammar | **(Direct Debit ID 450008)** |
| Address: | 2-20 Lancefield Drive, Caroline Springs, Victoria 3023 | |
| Contact Details: | Corporate Services Manager | |
| | student.tuition@scg.vic.edu.au | |
| | (03) 8363 2000 | |

## Students to be paid via Direct Debit

Student Names:

## Request and Authority to debit

Debtor Account (Family) Code:

Debtor Names:
*(as listed on your invoice)*

You request and authorise Southern Cross Grammar (Direct Debit ID as shown above) to arrange, through its own financial institution, a debit to Your nominated account any amount Southern Cross 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.

## Frequency of debit

Fortnightly, processed on a Thursday

or

Monthly, processed on the 24th, or the next business day thereafter

*Debits will be charged based on the unpaid value on the account divided evenly across the total number of debit periods remaining in the calendar year.*

## Account Details

Financial Institution's Name

Financial Institution's Address

Name/s on account

BSB number (Must be 6 Digits)

Account number

## 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 Southern Cross Grammar as set out in this Request and in Your Direct Debit Request Service Agreement

## Insert Your signature and address

Signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date

## Second account signatory (if required)

Signature

(If signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date