CBC Fremantle | Payment Option Advice Form



NEW / AMENDMENT

(Please circle)

Please return form to the Finance Office at finance@cbcfremantle.wa.edu.au

Request and Authority for Bank Account & Credit Card Payment	
Name:	
Home address:	
	State: Postcode:
Phone:	
"You" request and authorise CBC FREMANTLE User ID 375112 to arra account any amount CBC FREMANTLE, has deemed payable by you System (BECS) from your account held at the financial institution you the Direct Debit Request Service Agreement.	ange, through its own financial institution, a debit to your nominated I. This debit or charge will be made through the Bulk Electronic Clearing I have nominated below and will be subject to the terms and conditions of
Insert details of Bank Account to be debited	
Name/s on account:	
BSB number (must be 6 digits):	
Account number:	
Insert details of Credit Card to be debited	
Name of cardholder:	
Type of credit card: MasterCard / VISA	
Card number:	
Expiry date: CCV:	
(Please notify the College when card details change or expire)	
Debit Frequency	
Option 1 (1 instalment) Total annual fees. Within two (2) weeks of receipt of first Fee Statement.	Option 3 (9 Instalments – Feb-Oct) Total annual fees to be paid in nine (9) equal instalments. Due 26th of each month.
Option 2 (4 instalments – Feb/May/Aug/Oct) Total annual fees to be paid in four (4) equal instalments. Due 20th of each month.	Option 4 (18 instalments – Feb-Oct) Total annual fees to be paid in 18 equal instalments. Fortnightly from the 20th February.
Debit Amount	
Divide your annual school fees by the number of instalr in the space provided.	nents you wish to make and write the amount
The amount to be debited each time is \$	
Authorisation	
By signing and/or providing us with a valid instruction i understood and agreed to the terms and conditions go Fremantle as set out in this Request and in your Direct	verning the debit arrangements between you and CBC
Signature:	
Child's name:	Date:
Family code:	