

Credit Card Online Payment Service

St Marks School Dingley
4-6 Dimar Court
DINGLEY VIC 3172

Family Name:
Account No:
Eldest Child:
Grade:

Phone Number: 9551 1150

Please charge my Credit Card: Visa/Mastercard (**circle one**) Amount \$.....

Your email Address

Card No

Expiry Date/.....

CSV No

I wish to pay \$ **per fortnightly/monthly/once only/or**

.....

Cardholder Name

Signature

PAYING SCHOOL FEES ELECTRONICALLY

How does it work?

Direct Debiting allows the Catholic Development Fund (CDF), on behalf of your School, to deduct periodically from your account an agreed amount to cover your School Fees and Levies.

Benefits to You

CDF believes that this will assist families with the difficult task of budgeting for annual school fees and charges. One less major bill to worry about and it is free. It can save you time, money and hassles. No more problems with cheques left in school bags or the worry of sending cash.

Benefits to School

Transmission occurs automatically and is secure as no cash changes hands. The process of counting and banking funds will be greatly reduced, assisting school administration. CDF guarantees complete confidentiality on behalf of your School.

How to Apply

- Complete the attached **Authorisation form (Part "A")** and **Direct Debit Request form**.
- Sign both forms and return to the School office.
- The School will complete **Part "B"** and forward all completed forms to CDF (allow 14 days for CDF processing).

Variations

If you wish to alter the amount being transferred or cancel the authority, just advise your school.

Normal bank charges may apply, eg. dishonour fees if you have insufficient funds in your bank account.

(You will need to contact your bank or financial institution to establish if your account is suitable for direct debiting to occur. Credit card accounts and Passbook accounts are not suitable for direct debiting with CDF.)

AUTHORISATION FORM

New Authority Amendment (please ✓ appropriate box)

Part "A" (Parent to complete) Date ____/____/____

I/We authorise the Catholic Development Fund to arrange for debiting the account, as described in the **Direct Debit Request form** with the sum of \$ _____ (minimum transaction amount \$20.00).

weekly fortnightly monthly quarterly
(please ✓ preferred option.)

commencing ____/____/____ (allow 14 days)
until ____/____/____

.....
Sign here

.....
Sign here
(For joint accounts, two signatures are required)

Part "B" (School to complete) Date ____/____/____

The above amount to be credited to:

School CDF Account No. _____

School CDF Account Name _____

SF No. (Debtor Number)

Parent/s Name

DIRECT DEBIT REQUEST

Request and Authority to debit the account named below to pay the Catholic Development Fund

Request and Authority to debit	Surname or Company name _____ Given names _____ (You?) _____ request and authorise the Catholic Development Fund (User ID 111650) to arrange for any amount the Catholic Development Fund may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below)
Insert name and address of financial institution at which account is held	Financial Institution Name: _____ Address: _____
Insert details of account to be debited	Name of Account: _____ BSB Number: _____ Account Number: _____
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and the Catholic Development Fund as set out in this Request and in your Direct Debit Request Service Agreement.
Insert your signature(s) and address	Sign here: _____ Print Name _____ Sign here: _____ Print Name _____ (Sign and print full names. For joint accounts, both names are required. If signing for a company, include your capacity for signing, eg. Director.) Address: _____ Date ____/____/____