

LANGFORD ISLAMIC COLLEGE
 57 Southgate Road
 LANGFORD WA 6147
 Tel: 08 9458 5206
 Email: accountsreceivable@lic.wa.edu.au

Direct Debit Request



Request and Authority to debit the account named below to pay LANGFORD ISLAMIC COLLEGE

Request and Authority to debit	Your Surname or company name _____ Your Given names or ABN/ARBN _____ "you" <p>request and authorise Langford Islamic College, User ID: 497747 to arrange, through its own financial institution, a debit to your nominated account OF any amount Langford Islamic College, has deemed payable by <i>you</i>.</p> <p>This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from <i>your</i> 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.</p>
Insert the name and address of financial institution at which account is held	Financial institution name _____ Address _____ _____
Insert details of account to be debited	Name/s on account _____ BSB number (Must be 6 Digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount: \$ _____ Start date: _____ Frequency: Weekly / Fortnightly / Monthly / Quarterly
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 Langford Islamic College 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 ___ / ___ / ___

FAMILY CODE: _____