St Clare's Catholic School, Burdell

2026 SCHOOL FEES DIRECT DEBIT REQUEST

You may contact us as follows:-

Phone:	07 4760 6900
Email:	fees@stclarestsv.catholic.edu.au
Mail:	PO Box 414
	Deeragun, QLD, Australia 4818

All communication addressed to us should include your Customer Number if known.

PART A - Your Details

Customer Name:

Phone Number:

Email Address:

Address:

State: Postcode:

PART B - Schedule

Date of First Payment: DD MMM YYYY

Frequency:

- ❑ Weekly
- ❑ Fortnightly
- ❑ Monthly
- ❑ Quarterly
- ❑ Term
- ❑ Yearly

Number of Payments:

❑ Continue until further notice

OR

❑ Stop after Payments

PART C - Payment Amounts

First Amount: Leave blank if same as regular amount

Regular Amount: Payment Amount for each debit

Final Amount: Leave blank if same as regular amount

PART D - Cheque/Savings Account or Credit Card Authorisation

❑ I/We request and authorise St Clares Catholic School Burdell (314011) to arrange, through its own financial institution, a debit to your nominated account any amount St Clares Catholic School Burdell (314011), 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.

Financial Institution: ____________________

Account Name: ____________________

BSB No. [ ][ ][ ] - [ ][ ][ ]

Account Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ]

I/We request and authorise Acknowledement. 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 St Clares Catholic School Burdell as set out in this Request and in your Direct Debit Request Service Agreement.

Signature: ____________________ Date: ____________

Signature: ____________________ Date: ____________

If debiting from a joint bank account, both signatures are required.

OR

❑ I request you St Clares Catholic School Burdell to arrange for funds to be debited from my nominated credit card according to the schedule specified above and attached Direct Debit Service Agreement.

Please contact the school office on 07 4760 6900 to provide your confidential credit card details.

Completed Application

Return your completed application to the office, or:-

Mail: PO Box 414,
Deeragun, QLD, Australia 4818

Email: fees@stclarestsv.catholic.edu.au

Customer Direct Debit Request (DDR) Service Agreement

This is your Direct Debit Service Agreement with St Clares Catholic School Burdell (314011) (the Debit User). It explains 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.

Please keep this agreement for future reference. It forms part of the terms and conditions of your *Direct Debit Request* (DDR) and should be read in conjunction with your DDR authorisation.

Definitions

account means the account held at *your financial institution* from which *we* are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

Direct Debit Request means the written, verbal or online request between *us* and *you* to debit funds from *your account*.

us or ***we*** means St Clares Catholic School Burdell (314011), (the Debit User) *you* have authorised by requesting a *Direct Debit Request.*

you means the customer who has authorised the *Direct Debit Request*.

your financial institution means the financial institution at which *you* hold the *account you* have authorised *us* to debit.

Debiting *your account*

By submitting a *Direct Debit Request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. The *Direct Debit Request* and this *agreement* set out the terms of the arrangement between *us* and *you*.

We will only arrange for funds to be debited from *your account* as authorised in the *Direct Debit Request*.

or

We will only arrange for funds to be debited from *your account* if *we* have sent to the email / address nominated by *you* in the *Direct Debit Request*, a billing advice which specifies the amount payable by *you* to *us* and when it is due.

If the *debit day* falls on a day that is not a *banking day*, *we* may direct *your financial institution* to debit *your account* on the following *banking day*. If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

Amendments by *us*

We may vary any details of this *Agreement* or a *Direct Debit Request* at any time by giving *you* at least **fourteen (14)** days written notice sent to the preferred email or address *you* have given *us* in the *Direct Debit Request.*

How to cancel or change direct debits

You can:

- (a) cancel or suspend the *Direct Debit Request*; or
- (b) change, stop or defer an individual *debit payment*

at any time by giving at least 7 days notice.

To do so, contact *us* at:

Burdell Drive
Burdell, QLD, Australia 4818

or

by telephoning *us* on 07 4760 6900 during business hours;

You can also contact *your* own financial institution, which must act promptly on *your* instructions.

Your obligations

It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *Direct Debit Request*.

If there are insufficient clear funds in *your account* to meet a *debit payment*:

- (a) *you* may be charged a fee and/or interest by *your financial institution*;
- (b) *we* may charge *you* reasonable costs incurred by *us* on account of there being insufficient funds; and
- (c) *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*.

You should check *your account* statement to verify that the amounts debited from *your account* are correct.

Dispute

If *you* believe that there has been an error in debiting *your account*, *you* should notify *us* directly on 07 4760 6900 and confirm that notice in writing with *us* as soon as possible so that *we* can resolve *your* query more quickly. Alternatively *you* can contact *your financial institution* for assistance.

If *we* conclude as a result of our investigations that *your account* has been incorrectly debited *we* will respond to *your* query by arranging for *your financial institution* to adjust *your account* (including interest and charges) accordingly. *We* will also notify *you* in writing of the amount by which *your account* has been adjusted.

If *we* conclude as a result of our investigations that *your account* has not been incorrectly debited *we* will respond to *your* query by providing *you* with reasons and any evidence for this finding in writing.

Accounts

You should check:

- (a) with *your financial institution* whether direct debiting is available from *your account* as direct debiting is not available on all accounts offered by financial institutions.
- (b) *your account* details which *you* have provided to *us* are correct by checking them against a recent *account* statement; and
- (c) with *your financial institution* before completing the *Direct Debit Request* if *you* have any queries about how to complete the *Direct Debit Request*.

Confidentiality

We will keep any information (including *your account* details) in *your Direct Debit Request* confidential. *We* will make reasonable efforts to keep any such information that *we* have about *you* secure and to ensure that any of *our* employees or agents who have access to information about *you* do not make any unauthorised use, modification, reproduction or disclosure of that information.

We will only disclose information that *we* have about *you*:

- to the extent specifically required by law; or
- for the purposes of this *agreement* (including disclosing information in connection with any query or claim).

Contacting each other

If *you* wish to notify *us* in writing about anything relating to this *agreement*, *you* should contact the school:

Email:	fees@stclarestsv.catholic.edu.au
Mail:	PO Box 414 Deeragun, QLD, Australia 4818

You may telephone *us* on 07 4760 6900 during business hours.

All communication addressed to *us* should include *your* Customer Number.

We will notify *you* by sending a notice to the preferred address or email *you* have given *us* in the *Direct Debit Request*. Any notice will be deemed to have been received on the second *banking day* after sending.