AL SADIQ COLLEGE INCORPORATED
DIRECT DEBIT REQUEST FORM

PARENT INFORMATION			
Surname			
Given name (s)			
Address			
Email			
Home phone number		**Mobile number**	
PAYMENT OPTION 1: DIRECT DEBIT FROM A BANK ACCOUNT			
Financial institution name:			
Branch address			
Name (s) on Account			
BSB number		**Account number**	
PAYMENT OPTION 2: DIRECT DEBIT FROM A CREDIT CARD			
Credit card type	**Visa**	**Mastercard**	
CCV number			
Cardholder name:			
Credit card number			
Expiry date			

When your credit card expires, please ensure you contact the school on 8199 9600 to advise your new expiry date.

PAYMENT DETAILS			
We will debit or charge your nominated account on the first day of every term and then every fortnight after that for: Fortnightly instalments of Tution Fees / Bus fees. I / We request and authorise Al Sadiq College, until further notice in writing to arrange for funds to be debited from my / our account at the financial institution identified and as prescribed above. By signing this Direct Debit Request Form, I / We acknowledge having read and understand the terms and conditions governing the debit arrangements between me / us and Al Sadiq College as set out in this authority and in the Direct Debit Agreement.			
Signature - parent 1		**Date**	
Signature - parent 2		**Date**	

OFFICE USE ONLY					
Account reference number		**Bus**		**Fees**	
Student (s) Name (S)					
Payment start date		**Amount paid fortnightly**			