



Office Use Only  
 Family Name: \_\_\_\_\_  
 Debtor I/D \_\_\_\_\_  
 Date Processed: \_\_\_\_\_

## Direct Debit Authority

**Please return to Padua College, Private Bag 4 Mornington Vic 3931**

**Or Email: [fees@padua.vic.edu.au](mailto:fees@padua.vic.edu.au)**

I/We hereby authorise Padua College to debit my/our bank account/credit card ongoing for the express and sole purpose of the payment of my/our school fees until all monies due have been paid.

Weekly
  Fortnightly
  Monthly

**Direct Debit from Bank Account**

Bank Name \_\_\_\_\_

Account Name \_\_\_\_\_

BSB \_\_\_\_\_

Account Number \_\_\_\_\_

Accountholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Direct Debit from Credit Card (MasterCard or Visa Only)**

Card Number

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Expiry Date

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Cardholder Name \_\_\_\_\_ [Please Print]

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Surname \_\_\_\_\_ Phone \_\_\_\_\_

Student/s Name/s \_\_\_\_\_

Address \_\_\_\_\_