PaySmart DIRECT DEBIT BILLING The Benchmark

ABN 62 695 382 965
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FFA Paysmart Pty Ltd ACN 117 597 010 AR No. 409047 is an authorised representative of Transaction Services Holdings Limited AFSL 338256 authorised to provide general advice about and issue billing services.

SANCTA SOPHIA COLLEGE

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Student ID (Office only)……**PG 20wks (Sem. 2)**

☐ New Student ☐ Change of Details

DIRECT DEBIT REQUEST

CUSTOMER DETAILS please use BLOCK LETTERS

Indemnifier Name:

Student Name:
Given Names Surname

Indemnifier Address:
Street Name and Number

DOB:_____ / _____ / _____
Format: example – 22/jan/2016

Suburb State Postcode

Drivers Licence No :_____

Telephone (H): (W) (M)

Email Address:

PAYMENT DETAILS

Step 1

Regular Debit Amount: $_____
(after down payment $2500 paid direct to Sancta)

☒ For 3 payments, ONLY
Due: 27.7.17; 24.8.17; 27.9.17.

Step 2

PLUS: Admin Fee each debit:

☒ Monthly Admin Fee $2.95

NOTE: Contract Set up fee $ 11.00 will be added to the first payment only.

DIRECT DEBIT FROM BANK ACCOUNT

Bank Name: Branch Account Opened:

BSB Number: - Account Number: (Not transaction card #)

Account Holder Name:
(as it appears on bank statement)
Given Name/s Surname

I/We authorise FFA Paysmart Pty Ltd **User ID 073053** to debit my account at the Bank identified above through the Bulk Electronic Clearing System (BECS) in accordance to the payment Details above and as per the service Agreement provided ☐ Verified By_____

DEBIT FROM CREDIT CARD

Please charge payments as detailed above to my: (tick one) ☐Visa ☐MasterCard ☐Amex ☐Diners

Name On Card:
Given Name/s Surname

Note: FFA Paysmart will appear on the credit card statement (Not transaction card #)
Credit Card Number: Expiry date:…… /……

By signing below, I understand that a surcharge if 1.6% for Visa and Mastercard and 3.5% for Amex and Diners will be added to each payment (Delete if not applicable)
DISTRIBUTION: *BLUE COPY sent to FFA Paysmart (please retain if scanned and emailed) *Yellow Business Copy *PINK Customer Copy

AUTHORISATION

This Authorisation is to remain in force in accordance with the Terms and Conditions on this page, the provided Service Agreement, and I/We have read and understand the same

…… …… Signature/s of Nominated Account Holder/s, known as the Indemnifier

Date …… / …… / …… (signed by the Indemnifier for student residential Fees).