



ABN 62 695 382 965  
 PO Box 5567, Stafford Heights, Qld 4053  
 Phone: (07) 3866 9100 Fax: (07) 3866 9199  
 www.ffapaysmart.com.au



# SANCTA SOPHIA COLLEGE

8 Missenden Road, Camperdown 2050 NSW

ABN 32 684 514 418  
 T +61 2 9577 2350 | F +61 2 9577 2351 | E [bursar@sancta.edu.au](mailto:bursar@sancta.edu.au) |  
 W [www.sanctasophiacollege.edu.au](http://www.sanctasophiacollege.edu.au)

FFA Payscale 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.

**Student ID (Office only)..... GH- UG 40wks.**

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

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

PLUS: Admin Fee each debit:

Step 1

For 6 payments, ONLY  
 Due: 27.3.17; 27.4.17; 25.5.17;  
 27.7.17; 24.8.17; 27.9.17.

Step 2

Monthly Admin Fee \$2.95

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

Special Conditions: Please suspend June payment

### 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 Payscale 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 Payscale 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 Payscale (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).