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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).....UG 19wks (Semester # 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

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

PLUS: Admin Fee
 each debit:

Step 1

For 3 payments, only.
Due: 20.7.17; 22.8.17; 21.9.17.

Step 2

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 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 of 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).