



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 2347 | F +61 2 9577 2388 | E marketingdevelopment@edu.au |
 W www.sanctasophiacollege.edu.au

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.

Donor ID Ref Number (Starez)..... (office use)

New Donor Change of Details

DIRECT DEBIT REQUEST

DONOR DETAILS please use BLOCK LETTERS

Company Name (if applicable): _____

Donor Name: _____
Given Names Surname

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: \$ _____
 Commencing on ____/____/____
 Until Further Notice (min ____ payments)
OR
 For 6 payments ONLY
OR
 Contract Value \$ _____

Step 2
 Indicate debit frequency:
 Weekly
 Fortnightly
 Monthly
 Quarterly

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:..... /.....

Please retain a copy for your records

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 / /

Please note: unless otherwise requested, Sancta Sophia College will issue a statement of donation after 30 June each year only, not per debit.