

P-12 Seamless Education

## **REQUEST FOR BPOINT DIRECT DEBIT**

(Parent to Complete)

Student Name				
Parent Name (must be debtor of the account)				
CRN				
Invoice Number				
Schedule Amount				,
Frequency	☐ Weekly	☐ Fo	ortnightly	☐ Monthly
First Payment Deduction Date				
Number of Deductions				
I understand and agree that:				
DET understand that Commonwealth Bank of Australia (CBA) is collecting the personal information contained in your Direct Debit Request for the purposes of processing your Direct Debit Request and administering the BPOINT direct debit scheme for you. DET Understand the CBA will disclose this personal information to the Queensland Department of Education and Training and to your financial institution named in your direct debit request:  a) For the purpose of processing your Direct Debit Request and administering the BPOINT direct debit scheme for you; and  b) For the purpose of reporting any unsuccessful/successful debit payments; and  c) In connection with any claim made relating to an alleged incorrect and wrongful debit.				
The CBA is obliged to comply with the Privacy Act 1988 (Cwth) and the Australian Privacy Principles for the purpose of processing your Direct Debit Request and administering the BPOINT direct debit scheme for you. If you are concerned about the CBA's handling of your personal information you should contact CBA in the first instance.				
An email will be sent to your email address. Please click on the link within the email to complete your registration. Please note that the link will expire in 7 days. Direct Debits will not commence until the confirmation in completed.				
Signature of Parent/Carer			Date	
Office Use Only				
Approved By				

## Woodcrest State College

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