



## **NAB TRANSACT AMENDMENT**

(7 days notice is requested for amendments)

81 Station Street, Martin, WA 6110

PO Box 223, Gosnells WA 6990

Tel: **08 9394 9300** Fax: **08 9398 5822**

Email: [lumen@lumen.wa.edu.au](mailto:lumen@lumen.wa.edu.au)

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ABN: 27 976 824 064

(Please choose any of the following)

Please **amend my NAB Transact amount** to \$ \_\_\_\_\_  
weekly / fortnightly / monthly / three equal instalments.

or

Please **amend** the credit card details \_\_\_\_\_  
expiry date \_\_\_\_ / \_\_\_\_

or

Please **cancel** my NAB Transact as from \_\_\_\_\_

or

Please make the **final** payment on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

or

Please change the **payment date** to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STUDENT NAME/S: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*(Office use)*

FAMILY CODE:- \_\_\_\_\_

ACTIONED BY:- \_\_\_\_\_

DATE:- \_\_\_\_ / \_\_\_\_ / \_\_\_\_