



DIRECT DEBIT AMENDMENT

(7 days notice is requested for amendments)

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(Please choose any of the following)

Please **amend my direct debit amount** to \$ _____
weekly / fortnightly / monthly / three equal instalments.

or

Please **amend** the bank details to BSB No _____

ACCOUNT No. _____

or

Please **cancel** my direct debit 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:- _____ **AUTHORITY CODE:-** _____

ACTIONED BY:- _____ **DATE:-** ____ / ____ / ____