



Inspired by Christ, We journey together, Embracing faith, life and learning

DIRECT DEBIT ALTERATION FORM
TO BE USED FOR ALL ALTERATIONS EXCEPT CHANGE OF FINANCIAL INSTITUTION

Authority Number.....
(School Use only)

Reference Details
(School Use only, to be completed if Authority number unknown)

- I wish to make alterations to my direct debt to take effect as of next payment
- to take effect as of payment due
-
- to take effect as of new start date

I wish to change direct debit details as follows:

- A regular QUARTERLY amount of \$ _____ (Same day every three months)
- A regular MONTHLY amount of \$ _____
- A regular FORTNIGHTLY amount of \$ _____
- A regular WEEKLY amount of \$ _____
- Finish Date.....or until further notice

Full Name:.....

Signature..... Date.....

Signature Date.....

NB: Please allow 3 – 5 working days for processing.

Address: 135 Robert Road, Bentley Park, QLD 4869
Postal: PO Box 529, Edmonton QLD 4869

Tel: (07) 4055 4514
ABN: 42 498 340 094 008

Email: secretary.bentleypk@cns.catholic.edu.au
Web: www.stthereses.qld.edu.au