



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 debit [] 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

Signature Date.....

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