



**NEW DIRECT DEBIT REQUEST**

Authority Number .....  
(CDF use only)

FAMILY NAME ..... STUDENT/S .....  
.....  
.....

I wish to pay school fees due 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 \$ \_\_\_\_\_

\* START DATE..... FINISH DATE.....  OR UNTIL FURTHER NOTICE  
(Please note\* Depending on bank processing, payments will either be debited from the account on this date or the following business day)

Signature: ..... Date: .....

Signature: ..... Date: .....

*Please return this form to your School Administration*

<p><b>School use only</b></p> <p>School Account Number ...<b>9509 S99 RAV</b></p> <p>Reference Details.....</p>
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