



Emmaus Catholic School

DIRECT DEBIT AUTHORISATION FORM

I/We authorise Emmaus Catholic School to deduct \$.....

This amount is to **commence from** (date)

or

I wish to **cancel** my current direct debit as at (date)
(Please allow at least 2 days prior to the above date for changes to be made)

- Weekly)
- Fortnightly)
- Monthly)
- Quarterly)

Please tick required option

This amount is to be credited to:

CDF Account Number 60341 S2 in the name of Emmaus Catholic School Board a/c

.....
Parent/Guardian signature

.....
Family Name

.....
Child/children's names

.....
Date

(Please note: changes sent through on school holidays will not take place until at least 2 days after school has commenced)