



Lumen Christi College
PO Box 223
GOSNELLS WA 6990
Ph 9394 9300
Fax 9398 5822
email: accounts@lumen.wa.edu.au

DIRECT DEBIT AMENDMENT
(7 days notice is requested for amendments)

(Please choose any of the following.)

Please **amend my direct debit amount** to \$..... weekly / fortnightly /
monthly / quarterly / half yearly intervals.

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:

CHILDS NAME:

SIGNATURE:

(Office use)

FAMILY CODE:-..... AUTHORITY CODE:-.....