DIRECT DEBIT REQUEST AUTHORITY Suspend, Cancel, and Reduce an Existing Authority

School:		
I/We Full Name(s):		
Student(s) Full Name:		
Contact Phone:		
BSB:	_A/C No:	
Account Name:		
*New Direct Debit Form to be comp	pleted for new account detail	s or increased amounts.
	SUSPEND AUTHORITY	
Suspend Authority From:		
Recommence Payment On:		
	CANCEL AUTHORITY	
Final Payment Date	Amount:	
REDUCTION O	F CURRENT DIRECT DE	BIT AMOUNT
Start Date		
Amount from:	To:	
Cignoturo	Data	
Signature		
Signature	Date	
Return this Form to You	Ir School for Proces	sing
<i>CEDP Use Only</i> : CEO Account Reference: PPA#	Date Processed:	Initial
Cancelled on CDF Online TECHC	ONE DEBTOR	
PLEASE NOTE: In accordance with the Direct Debit Rean existing direct debit that is in place Online and a new authority needs to be Authority in a secure location (e.g.: lo direct debit amounts to be deducted find	e, the existing direct debit needs be submitted to CEDP for proces ocked filing cabinet or cupboard	s to be cancelled by CEDP on CDF ssing. Please retain a copy of this