Immaculate Heart of Mary School DIRECT DEBITS AMENDMENT FORM

NAME:	CHILD/REN'S NAMES:	
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Could you please amend my Direct Debit as follows: (please tick correct box)				
	SUSPEND:	•	/	
	CHANGE AMOUNT:	Change Direct Debit amount to: \$_ Date Change amount from:		
	PAYMENT PERIOD:	Change to (please circle): Weekly / Fortnightly / Monthly / Qua Change to Occur:	arterly / Half Yearly	
	CANCEL:	Cancel Direct Debit on:		
	CANCEL:	Cancel Direct Debit after account finalised:		
	IED:		For Office Use Only: Processed: / Signed:	