



WAGGA WAGGA
CHRISTIAN COLLEGE
FORWARD IN FAITH

Direct Debit Cancellation

Request and Authority to cancel Direct Debit Authority

Wagga Wagga Christian College

Request and Authority to cancel debit	<p>Your Surname or company name _____</p> <p>Your Given names or ABN/ARBN _____ "you"</p> <p>Family Key Code _____</p> <p>I request and authorise Wagga Wagga Christian College to discontinue all direct debits previously authorised by me.</p> <p>I understand that this cancellation will take effect from the next payment cycle, subject to provision of eight days prior notice. OR</p> <p>Please make my final Direct Debit payment on ____/____/____.</p>
Insert your signature and address	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Date ___ / ___ / ___</p>
Second account signatory (if required)	<p>Signature _____</p> <p>(If signing for a company, sign and print full name and capacity for signing eg. director)</p> <p>Date ___ / ___ / ___</p>

Office Use Only

Cancelled ___ / ___ / ___

Signature _____