

**DEFERMENT OF DIRECT DEBIT PAYMENT**

**To Suspend a Direct Debit Payment**

Auth # \_\_\_\_\_

Child's Name \_\_\_\_\_

I/We refer to the Direct Debit Authority payable to

\_\_\_\_\_

(name of school)

and request that payments be suspended in terms of the following :-

- Date of Last Payment \_\_\_\_/\_\_\_\_/\_\_\_\_ or  Effective Immediately
- Date Payments to Recommence \_\_\_\_/\_\_\_\_/\_\_\_\_ or  Until Further Notice

Name of Parent/Guardian: \_\_\_\_\_

Signature/Signatures: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please ensure that all sections are completed and then mail to the CDF via PO Box 765 Newcastle NSW 2300.*

<p>CDF Office Use Only</p> <p>Office Processing Date</p> <p>____/____/____</p>
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