



2026 DIRECT DEBIT AUTHORITY

ST JOSEPH'S THE STRAND (WITH USER ID 227717)

I/We request that St Joseph's, The Strand, make the following alterations to my/our direct debit in 2026.

Full Name/s: _____

Account Number (if known): _____

Part A: I wish to

- Cancel my direct debit. Please cancel on the following date: _____
- Amend my direct debit. (Continue to Part B)
- Recommence my direct debit in 2026. (Continue to Part B)

Part B: Amendment Details:

- Amend my direct debit amount to: \$ _____
- Amend my direct debit frequency to: _____ (Weekly or Fortnightly)
- Amend my bank account/credit card details to:

Name on Account: _____

Financial Institution: _____

BSB Number: _____ Account Number: _____

Signature of Account Holders: _____

Date: _____

PLEASE REFER TO OUR 2026 SCHOOL FEE SCHEDULE FOR DIRECT DEBIT OPTIONS



St Joseph's
Catholic School

THE STRAND