

**AUTHORITY FOR PAYMENT BY DIRECT CREDIT INTO
NOMINATED BANK ACCOUNT**

Commercial in Confidence

Trading Name: _____

Legal Entity Name: _____

ABN: _____

Contact Name: _____

First name

Surname

Postal Address: _____

Suburb

State

Post Code

School Address: _____

Suburb

State

Post Code

Bank Details: _____

Account Name: _____

BSB: _____

Account Number: _____

School Representative

Signature of
School Representative

Date