

## OUR LADY STAR OF THE SEA SCHOOL 14 Oakridge Way Howick

Ph: 538 0195

Fax: 538 0196

Email: office@starofthesea.school.nz						
Name of account to be debited:				ACCEPT CT DEBITS		
Account details:				operate as an		
Account details:				ent or agreement)		
Bank Branch Account Number Sui	ffix					
To: The Manager, (Please Print Full Postal Address Clearly fo	or Window Env	/elope)				
Bank Branch			AUTHO	RISATION CODE		
Address (P O Box )				1 2 0 2 4 9 6		
Town/City						
Town/City			Date			
I/We authorise you until further notice in writing to debit my/our account with you all amounts which						
OUR LADY STAR OF THE SEA SCHOOL						
	red to as the Initiat					
the registered Initiator of the above Authorisation Code may initiate by Direct Debit.						
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.						
Information to appear in my/our bank statement						
PAYER PARTICULARS PAY	YER CODE		PAY	ER REFERENCE		
AVANTA OR A GOODINE						
NAME OF ACCOUNT						
AUTHORISED SIGNATURE(S)						
For Bank Use Only						
Approved Date Recei		Recorded By:	Checked By:			
<u>0249</u>	veu.	By.	<i>D</i> <sub>j</sub> .	BANK STAMP		
01/00						
Student Name:						