## DIRECT DEBIT REQUEST AUTHORITY Suspend, Cancel, and Reduce an Existing Authority

School:	
I/We Full Name(s):	
Student(s) Full Name:	
Contact Phone:	Debtor A/c:
BSB:	A/C No:
Account Name:	
I/We Full Name(s):  Student(s) Full Name:  Contact Phone:  Debtor A/c:	
	SUSPEND AUTHORITY
Suspend Authority From:	
Recommence Payment On:	
	CANCEL AUTHORITY
Final Payment Date	Amount:
REDUCTIO	N OF CURRENT DIRECT DEBIT AMOUNT
Start Date	
Amount from:	To:
Signature	Date
Signature	Date
Return this Form to	Your School for Processing
CSPD Use Only:	Date Processed:Initial
	FCHONE DERTOR

## **PLEASE NOTE:**

In accordance with the Direct Debit Request (DDR) if you would like to change the account number on an existing direct debit that is in place, the existing direct debit needs to be cancelled by CSPD and a new authority needs to be submitted to CSPD for processing.