

Direct Debit Cancellation

Please complete and return to St Andrew's Cathedral School, Sydney Square, Sydney, NSW 2000 or email to accounts@sacs.nsw.edu.au

1. Details of Applicant		
Family Name		
First Name /s		
FIRST Name/S		
Daytime Phone Number		
Residential Address		
	Postcode	
Account ID:		
2. Direct Debit Cancellation		
I/We,	_, request and authorise St Andrew's Cathedral School to cancel the existing Dire	ect
Debit Agreement as previously entered into	by me/us with the School effective from	
Cancellation will be processed within 5 wo	rking days of receipt of the completed form.	
Signature:	Date:	
Signature:	Date:	



