



Clonard College
Geelong

CHANGE OF BILLING ARRANGEMENT REQUEST

DATE _____ CURRENT BILLING CODE _____

CURRENT BILLING NAME _____

CURRENT BILLING ADDRESS _____

CHILD NAME(S) _____

COMMENCEMENT DATE OF NEW BILLING ARRANGEMENT _____

BILLER 1 DETAILS ACCOUNT NUMBER _____ YEAR LEVEL _____

PERCENTAGE TO BE PAID _____

SURNAME _____ FIRST NAME _____

ADDRESS _____

CHILD NAME(S) _____ RELATIONSHIP TO CHILD _____

SIGNATURE _____

BILLER 2 DETAILS ACCOUNT NUMBER _____ YEAR LEVEL _____

PERCENTAGE TO BE PAID _____

SURNAME _____ FIRST NAME _____

ADDRESS _____

CHILD NAME(S) _____ RELATIONSHIP TO CHILD _____

SIGNATURE _____

Please Note: That we reserve the right to advise you that this request of 'Change of Billing Arrangements' is subject to change defaulting to the original enrolment form, if fee payments or agreements are not honoured