ARANMORE
CATHOLIC COLLEGE

CENTRE LINK
LETTER OF AUTHORITY

Name _____

Street Address _____

Suburb _____

State _____ Post Code _____

I _____ hereby request

and give permission for Aranmore Catholic College to commence Centre Pay deductions of

$_____ per fortnight to pay school fees until the agreed Closing Balance Target is met.

Centre Link Benefit Type _____

CRN _____

Your Date of Birth _____

Surname _____

Given Names _____

Signature _____

Date _____