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AUTHORITY TO PAY CONVEYANCE ALLOWANCE

FAMILY NAME: _____

Parent Claiming Conveyance Allowance: _____

Please pay Conveyance Allowance to the following bank account -

BSB: _____ - _____ Acc No: _____

Account Name: _____

Bank: _____ Branch: _____

Email address for notification of payment into parent's bank:

_____ @ _____

Signature: _____ Dated: / /2024

OR

I authorise Conveyance Allowance payments due to me be allocated to
my school fee account.

Signature: _____ Dated: / /2024