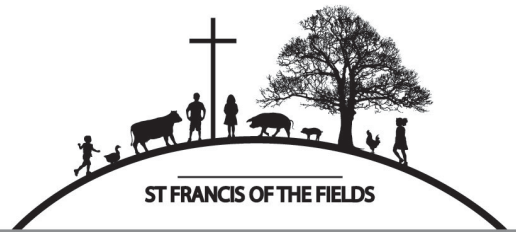




46 Blucher Street Strathfieldsaye 3551 - Box 404  
principal@sfstrathfieldsaye.catholic.edu.au  
phone. 5439 3191  
fax. 5439 3192  
www.sfstrathfieldsaye.catholic.edu.au



## 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: / /2026

**OR**

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

Signature: \_\_\_\_\_

Dated: / /2026