



CENTRE LINK LETTER OF AUTHORITY

Name _____

Street Address _____

Suburb _____

State _____ Post Code _____

I _____ hereby request
and give permission for Aranmore Catholic College to commence ongoing Centre Pay deductions
of \$_____ per fortnight to pay school fees.

Centre Link Benefit Type _____

CRN _____

Your Date of Birth _____

Surname _____

Given Names _____

Signature _____

Date _____