

CYPS
PUPIL NAME:
ADDRESS:

### APPLICATION FOR TRAVEL ASSISTANCE RENEWAL

SCHOOL/COLLEGE ATTENDED:
COURSE TITLE:
IF ANY DETAILS ARE INCORRECT PLEASE INSERT AMENDED DETAILS HERE:

Dear Student

In order that we may make the necessary arrangements for your travel permit to be sent to your home address prior to the start of the course, it is important that you return this form to us as soon as possible.

Before we can process your travel assistance application, we need to know your preferred method of payment for the Post 16 travel charge. Please choose one of the following:

Direct Debit	<input type="checkbox"/>	Please complete and return the enclosed Direct Debit form.
Cheque / Postal Order for £315.00	<input type="checkbox"/>	Please make payable to North Yorkshire County Council, print the name and address of student on the reverse of cheque and attach securely to this application.
Credit / Debit Card payment for £315.00	<input type="checkbox"/>	Please provide information overleaf
No longer require travel?	<input type="checkbox"/>	If you no longer require travel assistance, please tick this box. Please do not complete any payment details.

If you are paying by direct debit, the instalments will be taken on the first working day of each month between October and June inclusive. If for any reason you fail to return this form before the start of the academic year, you will only be reimbursed for your travel expenses from the date the form is received by Student Support.

Please return the completed form in the enclosed addressed envelope to which you will need to add a stamp.

Yours sincerely  
 Student Support

**Please see over for additional information**





North

Yorkshire County Council



Please fill in the whole form, excluding official use box, using a ball point pen and send it to:

North Yorkshire County Council
Children & Young People's Service
Student Support
County Hall, Northallerton
North Yorkshire DL7 8AE

Instruction to your Bank or Building Society to pay by Direct Debit

Originators Identification Number

4 2 4 0 2 7

Name(s) of Account Holder(s)

Empty box for account holder name

Bank or Building Society Account Number

Empty box for account number

Branch Sort Code

Empty box for branch sort code

Name and Full Postal Address of Your Bank or Building Society

Form with fields: To The Manager, Bank/Building Society, Address, Postcode

Reference Number (for Office Use)

Reference number grid with letters C, Y, P, S

FOR North Yorkshire County Council OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.

Address of Account Holder if different from that of Student

Empty box for account holder address

Instruction to your Bank or Building Society

Please pay North Yorkshire County Council Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee...

Signature(s) and Date fields

Banks and Building Societies may not accept Direct Debit instructions for some types of account

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
If the amounts to be paid or the payment dates change North Yorkshire County Council will notify you 10 working days in advance...
If an error is made by North Yorkshire County Council or your Bank or Building Society, you are guaranteed a full and immediate refund...
You can cancel a Direct Debit at any time by writing to your Bank or Building Society.