

# Change Of Payment Details



## Your Details

Your Name:

Guardian No.:

Email:

Contact No.:

Student's Name:

Member No.:

## Please Select One

**Change Of Bank Details**

Name Of Bank:

Branch:

BSB:

Account Holder's Name:

Account Number:

**Change Of Credit Card Details**

Visa

MasterCard

Card Number:

Name On Card:

Expiry:

CVV:

Cardholder's Signature:

## Authorisation

I acknowledge that my change of bank details request must be lodged by close of business on the Tuesday\* prior to the end of the current Direct Debit period.

*\*(Where the change of bank details request falls on a public holiday, all requests must be lodged by close of business on Friday of the previous week)*

Customer Signature:

Date:

## Office Use Only

Actioned By:

Date: