



CHANGE OF DIRECT DEBIT DETAILS APPLICATION FORM

Student Name: _____
Contact number: _____
Date: _____
Course: _____

Any changes to payment details must be in writing and submitted to Fit College within 48 hours of the next direct debit. Failure to do so will result in changes unable to be made.

Please complete this form and email to katie.dew@fitcollege.edu.au as soon as possible.

Alternatively you can fax it to Fit College (07) 5443 1562

(Minimum payment amounts are \$50 per week or \$100 per fortnight. Any form submitted with amounts showing less than this will be denied unless pre-organised with Fit College)

Current details

BSB: _____
Account Number _____
or
Card Number: _____
Expiry: _____
CCV: _____

New Account details

Bank details

Account Name: _____
BSB: _____
Account Number: _____

Card details

Card number: _____
Expiry: _____
CCV: _____

I authorise you to make the above changes to my direct debit with Fit College.

Name: _____ Signature: _____ Date: _____





Change payment schedule to: Weekly Fortnightly Monthly

Date of next payment (must be within 7 days of this application)

___/___/___

Payment amount:

(Minimum payment amounts are \$50 per week or \$100 per fortnight. Any form submitted with amounts showing less than this will be denied unless pre-organised with Fit College)

I would like to change the schedule of my payments:

Currently paying: \$_____ Weekly Fortnightly

I would like to pay: \$_____ Weekly Fortnightly

(Minimum payment amounts are \$50 per week or \$100 per fortnight. Any form submitted with amounts showing less than this will be denied unless pre-organised with Fit College)

Statement

I declare that:

- the information provided in this form is complete and correct.

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO katie.dew@fitcollege.edu.au

This form needs to be returned 48 hours prior to your next payment for any changes to be made.

Change completed

Denied

RTO Manager: _____

Date: _____

