



## Change direct debit application

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](mailto: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 direct debit application

Change payment schedule to:      Weekly               Fortnightly               Monthly

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)

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](mailto: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: \_\_\_\_\_