



Change Direct Debit Application

STUDENT NAME: _____

DATE: _____

COURSE ENROLLED IN: _____

❖ Time frame of change request

Any changes to payment details must be in writing and submitted to FIT College at least 48 hours prior to the next direct debit. Failure to do so will result in changes unable to be made.

❖ Minimum payment amounts?

Minimum payment amounts are \$75 per week or \$150 per fortnight. Any form submitted with amounts showing less than this will be denied unless pre-organised with FIT College

Please complete this form and email to admin@fitcollege.edu.au as soon as possible. Alternatively, you can fax it to FIT College (07) 5443 1562

Current details:

Direct Debit

Account Name:	
BSB Number:	
Account Number:	

Credit Card

Card Holder Name:	
Card Number:	
Expiry Date:	
CCV:	

New details:

Direct Debit

Account Name:	
BSB Number:	
Account Number:	

Credit Card

Card Holder Name:	
Card Number:	
Expiry Date:	
CCV:	

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

Signature: _____ Date: _____

RTO 31903



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 \$75 per week or \$150 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 \$75 per week or \$150 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 admin@fitcollege.edu.au

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

FIT College Office Use Only

Change completed Denied

RTO Manager: _____ Date: _____

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