



Change of Account Form

This form is used to change your Direct Debit arrangement. Ensure all sections are completed before returning to the college.

Name:

Bank Account Details

Financial Institution:

Branch:

BSB Number:

Account Number:

Account Name:

Credit Card Details

Card Type:

Card number:

Name on Card:

Card Expiry:

CCV:

Payment Cycle

Weekly

Fortnightly

Monthly

Length

6 months

12 months

18 months

24 months

Preferred Day

Monday

Tuesday

Wednesday

Thursday

Friday

✕Signature:

Date:
