



Payment Plan: Change of Account Form

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

Student name

**Bank Account
Details**

Financial Institution:

Branch:

BSB:

Account Number:

Account Name:

Credit Card Details

Card Type:

Card Number:

Name on Card:

Card Expiry:

CCV:

Payment Cycle

(tick the box)

Weekly

Fortnightly

Monthly

Length in Months

(tick the box)

6

12

18

24

Preferred Day

(tick the box)

Mon

Tue

Wed

Thur

Fri

Signature

Date