EMPIRE
INSTITUTE OF EDUCATION

Direct Debit Authorization Form

Authorisation for Empire Institute of Education to directly debit a credit card, debit card or bank account for one or a series of payments starting on a certain date and recurring at certain intervals for a defined number of payments as detailed below.

Student Name:	**Student I.D:**
Course Name:	
Email Address:	Contact Number:

Payment Plan Schedule:

Due Date	Amount	Due Date	Amount

An establishment fee of $00.00 per year applies and must be paid at the time of setting up the Payment Plan Payment Method – please select Bank Account or Credit Card I/we authorise (Company name) to debit my/our accounts at the Financial Institution identified below through the Bulk Electronic Clearing System (BECS). I/we acknowledge that (company name) is the Empire Institute of Education's agent, and are authorised to debit the amount/s as specified in the Deferred Payment Plan schedule section above and I give consent for this authority to remain in force until the Total of All Payments shown above has been paid in full or I cease to be an enrolled student, at which time this authority will be deemed to be extinguished.

BANK ACCOUNT	**CREDIT CARD**
Name of Bank: _____ Account Holder Name: _____ BSB: _____ Account Number: _____	Card Type: ☐ Visa ☐ Master Card ☐ Debit Card Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry: ____ / ____ CVV: Name on Card: _____

Student Signature: _____

Date: _____