# Direct Debit Form

| Student Details | | | |
|---|---|---|---|
| **Name** | | **Student ID** | |
| **Address** | | | |
| **Suburb** | | **Post Code** | |
| **Email** | | **Mobile** | |

| Section 2: Payment Method | | | |
|---|---|---|---|
| I authorise Innovative College to debit the amount/s as specified below: | | | |
| **Card** | ☐ Visa ☐ Mastercard ☐ Amex | | |
| **Card Type** | ☐ Debit ☐ Credit | | |
| **Expiry Date** | DD / MM | **CCV** | |
| **Amount of Payment** | | | |
| **Name on Card** | | | |
| **Card Number** | | | |
| **Signature** | | | |
| **Date** | | | |

**Card Charges**
**Credit Card:** extra 2.5% of the debit amount will be charged
**Debit/Savings Card:** extra 1.5% of the debit amount will be charged
**These fees are non-refundable**

| Section 3: Office Use Only | | | | | |
|---|---|---|---|---|---|
| **Processed By:** | | | | | |
| **Processed Date:** | | | | | |
| **Amount of Payment** | | **Amount of Surcharge** | | **Total Charge** | |
| **Receipt Number** | | | | | |