

Direct Debit Authority Form

Student Details	
First Name	
Last Name	
Student ID	
Email Address	
Mobile No	
Current Address	

Payment Method

Payment Method: Please provide Card Details			
I authorise Australian Health Management Institute to debit the amount/s as specified below.			
Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex
Card Type	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit	
Expiry Date	<input type="text"/> / <input type="text"/>	CCV	<input type="text"/>
Amount of Payment	<input type="text"/>		
Name on Card	<input type="text"/>		
Card Number	<input type="text"/>		
Signature	<input type="text"/>		
Date	<input type="text"/>		
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 AMEX: extra 4% of the debit amount will be charged These fees are non-refundable			