

Direct Debit Form

Student Details			
Name		Student ID	
Address			
Suburb		Post Code	
Email		Mobile	

Section 2: Payment Method			
I authorise Australian Health and 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	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
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Section 3: Office Use Only				
Processed By:				
Processed Date:				
Amount of Payment		Amount of Surcharge		Total Charge
Receipt Number				