**CHANGE OF BANKING INFORMATION**

STUDENT NAME: ………………………………………………………………………………………………………….

STUDENT ADDRESS: ………………………………………………………………………………………………………….

………………………………………………………………………………………………………….

………………………………………………………………………………………………………….

STUDENT PHONE NUMBER: ………………………………………………………………………………………………………….

EFFECTIVE FROM DATE: ………………………………………………………………………………………………………….

AMOUNT: $.....................................PER WEEK/FORTNIGHT/MONTH (Circle one)

**BANK ACCOUNT/DIRECT DEBIT**

ACCOUNT NAME: ………………………………………………………………………………………………………….

ACCOUNT NUMBER: ………………………………………………………………………………………………………….

BSB: ………………………………………………………………………………………………………….

A/C HOLDER SIGNATURE: ………………………………………………………………………………………………………….

**CREDIT CARD**

CARDHOLDER NAME: ………………………………………………………………………………………………………….

CARD TYPE: ………………………………………………………………………………………………………….

CARD NUMBER: ………………………………………………………………………………………………………….

EXPIRY DATE: ………………………………………………………………………………………………………….

CARDHOLDER SIGNATURE: ………………………………………………………………………………………………………….

Please return this authority to College for Adult Learning via

Email: [accounts@collegeforadultlearning.edu.au](mailto:accounts@collegeforadultlearning.edu.au) or

Mail: Level 2, 630 Mitcham Road, MITCHAM. Vic 3132