

SMF9A Payment Authorisation Form



Student Name: _____

SECTION 1 - FEE INFORMATION

Tuition Fee: \$ _____ Deposit Amount (if applicable) \$ _____ Deduct deposit on: / /

SECTION 2 - PAYMENT OPTIONS (CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS)

Upfront payment/balance to be paid on: / /

Payment plan to commence on: / / Installments of: \$ _____ Paid: Weekly Fortnightly Monthly

(Minimum of \$50 per week)

Method: Cash Debit Card/Credit Card Direct Debit

Invoice to: Student Employer Via: Postal Address Email

Notes: _____

SECTION 3 - PAYMENT AUTHORISATION

I hereby authorise Selmar Institute of Education to charge me the tuition fee via the following payment method: *

Debit Card/Credit Card Direct Debit

Signed: _____ Name: _____ Date: _____

SECTION 4 - PAYMENT DETAILS (please only fill in the details of the payment method indicated above)

Credit/Debit Card Details

Card Type: Master Card Visa

Name on Card: _____

Card Number: _____

Expiry Date: _____ Security code: _____

Direct Debit Details

Bank Name: _____ Branch: _____

Account Name (s): _____

BSB: _____ Account No: _____

* You request and authorise Selmar Holdings Pty Ltd (APCA ID:318329) to arrange, through its own financial institution, a debit to your nominated account any amount Selmar Holdings Pty Ltd has deemed payable by you. This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you acknowledge: You have understood and agreed to the terms and conditions governing the debit arrangements between you and [insert debit user name] as set out in this Request and in your Direct Debit Request Service Agreement. You authorise and request that this Direct Debit Request remain in force until cancelled, deferred or otherwise altered in accordance with the Service Agreement; and You confirm account details are correct and that this request is signed by required number of authorised signatories.

**If you would like to speak to someone about your payment please contact
Amanda Campbell from Accounts on 03 9516 6633 or selmaraccounts@selmar.edu.au**