

# DIRECT DEPOSIT DETAILS

**Erindale College Management Account**

**WESTPAC**

**BSB number: 032777**

**Account number: 001236**

Please include the following details:

- **Student name**
- **Payment detail**

Forward payment details to the College or email details (with date of deposit) to:

[info@erindalec.act.edu.au](mailto:info@erindalec.act.edu.au)

## AUTHORITY TO DEBIT A CREDIT CARD

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
(Surname) (First Name)

**Parents Surname:** \_\_\_\_\_ (\_\_\_\_\_)  
(family key)

Details	_____	Amount:	_____
	_____	Amount:	_____
	_____	Amount:	_____
	_____	Amount:	_____
	_____	Amount:	_____

**Total :** \_\_\_\_\_

Please debit my MasterCard / Visa (please circle)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Cardholder's Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_