Direct debit request form

Upon completion, return this form to YWCA Canberra’s Education and Training Administration Officer.

Please complete this form either electronically or using a **black** pen.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Business | YWCA Canberra  Education and Training team | | ABN | | 48 008 389 151 | | |
| First name | Your first name | | Last name | | Your last name | | |
| Home phone | Your home phone number | | Mobile phone | | Your mobile number | | |
| Email address | Your email address | | | | | | |
| Residential address | Your street addres | | | | | | |
| Suburb/town | Your suburb/town | State/territory | | Your state/ territory | | Postcode | Your postcode |
| Course enrolled | Course name | Full course fee | | Full fee amount | | Monthly fee | Monthly fee amount |

I/We authorise and request YWCA Canberra Education and Training team to debit payments of my **monthly** training fee from my credit card as specified below, at intervals and amounts as directed by YWCA Canberra Education and Training team (the Business).

Start date: Click or tap to enter a date.

## Credit card details

Visa  Mastercard  Debit card

Card holder name: Name as it appears on the card

Card number: Make sure you enter all 16 digits

Expiry date: MM/YY

By signing this form, I/we authorise YWCA Canberra Education and Training team to debit payment of my monthly training fee from my specified credit card above and I/we acknowledge that YWCA Canberra will appear as the merchant on my credit card statement. This authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request and I/we have read and understand them.

Full name: Your full name

Signature:

