



DIRECT DEBIT AUTHORITY

I, _____, AAMS Student No: _____

Family Name, Given Name

Authorise Australian Academy of Management & Science to debit my tuition fee from my account

BSB No _____ Account No: _____

Type of Account

Saving A/C _____ Cheque A/C _____ Credit Card _____ Debit Card _____ Other _____

Visa Card Details

Visa Master-Card Bank-Card

For the amount of AUD \$ _____

Card Number: _____

Cardholder Name: _____

The name as it appears on the card

Card Expiry Date: ____/____/____ Cardholder Signature: _____

Date: ____/____/____

Phone Number (that you can be contacted during business hours):

Please, complete the details above and fax the form to (02) 9837 4273 or email at support@aams.nsw.edu.au or mail to the address above.

Office Use Only	
Transaction Status:	
Date:	Signature: