Credit Card – Direct Debit Request (DDR)

Please return this form to YWCA Canberra Education and Training Administration Officer upon completion

YOUR DETAILS	Please complete this form using a BLACK PEN, * Indicate a Mandatory Field					
Business:	YWCA Canberra Education and Training team		ABN:	48 008 389 151		
Surname:						
Given name:						
Mobile number:						
Email:						
Address:						
Suburb:		State:		Postcode:		
Course enrolled:		Full course fee:		Monthly fee:		
DEBIT ARRANGEMENT	Including payment details for the specified period for this and any subsequent agreements between me and YWCA Canberra Education and Training team					

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: _____/_____/ _____ ☐ Monthly Debit amount = Balance due
DD MM YY

Max debit amount: _____

Your Credit Card Details:

☐ Visa ☐ Mastercard ☐ Debit Card

Name of card holder: _____

Card number: | | | | | | | | | | | | | | | | |

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: _____

Signature: _____ Date: _____/_____/ _____
DD MM YY