



EDUCATION & TRAINING

Authorisation of Payments

Student Full Name	
ID Number	
Date of Birth	

I request and authorise INUS Australia to make a payment any amount of payable to me to the below nominated bank account on behalf of me.

Bank Name	
Bank Address	
Account Name	
BSB No (If Australia)	
Account No	
SWIFT Code	

Student Name: _____

Student Contact Number: _____

Signature: _____

(Parent/Guardian is required to sign if student is under 18 years old)

Date: ____/____/____