

Authorisation of Payments

Student Full Name	
ID Number (**)	
Date of Birth	

(**) Mandatory – Student must fill in this section.

I request and authorise INUS English to make a payment for any amount of payable to me to the nominated bank account below 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: ____/____/____

Your Future Begins With INUS