



ECU SCHOLARSHIPS OFFICE
DIRECT CREDIT CONSENT RECORD

Student Name:
Student ID Number:
Type of Payment:
Name of Bank:
Branch:
BSB:
Account Number:

I hereby authorise Edith Cowan University (ECU) to make payments for the above named scholarship to the bank account stated above, subject to the following terms and conditions:

TERMS AND CONDITIONS OF THIS CONSENT FORM

- 1. I am responsible for the accuracy of the details of the bank and that of the account provided.
2. I am responsible for advising Edith Cowan University (ECU) in writing of any changes in the particulars or details provided.
3. I accept liability for any delays or fees that ECU incurs if the details provided are not correct at the time ECU attempts to make direct payments to my nominated account.
4. ECU will accept this authority of the legal guardian as conclusive evidence of the person's authority to sign this form on behalf of the student.
5. ECU will use all reasonable measures to maintain the confidentiality of the information provided.
6. I acknowledge that while the preferred method of payment is EFT, the payment may still be made by other means if circumstances require.
7. I agree that ECU will rely on this consent as a permanent consent unless I revoke it in writing.
8. I acknowledge I have read and understood this Direct Credit Consent Record.

If the subject is a minor under the laws of Western Australia:

Student Signature
Legal Guardian Print Name
Date
Street Address
Suburb, State and Post Code
Legal Guardian Signature
Date