

Direct Credit Consent Record

Student Name		Student ID	
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Please provide your bank account details for payment of your scholarship

Account Holder			
Name of Bank		Branch	
BSB		Account Number	

I hereby authorise Edith Cowan University (ECU) to make the payments 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 bank details provided including the name of bank, branch, BSB number and account number.
2. I am responsible for advising Edith Cowan University (ECU) in writing of any changes to the information provided. Upon receipt of such notification, ECU will amend its records accordingly.
3. I accept liability for any delays or fees that ECU incurs if the information is not correct at the time ECU attempts to make direct payment 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. ECU is under no obligation to verify that authority or any of the details provided above but may do so if it chooses.
5. ECU will use all reasonable measures to maintain the confidentiality of the information provided. However I agree that these details will be available to ECU staff or other individuals carrying out their normal duties on behalf of ECU.
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. I understand that if I revoke this consent during the period of scholarship, it may result in the delay of the payment of the scholarship. ECU will automatically revoke this Direct Credit Consent Record upon completion of any ECU administered scholarships that I am a recipient.
8. I acknowledge I have read and understood this Direct Credit Consent Record.

Signature of Student		Date	
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Students who are considered a minor under the laws of Western Australia require legal guardian consent			
Legal Guardian	Name (print)	Signature	Date
Address			Postcode