



AMA COLLEGE PAYMENT PLAN

PERSONAL DETAILS (as shown on passport)

Family Name			
Given Names			
Address			
Email			
Mobile		Student Number	

I wish to pay my AMA College student fees under an agreed payment plan.

I understand that:

- I am liable for payment of tuition and material / resource fees as detailed below and in the AMA College Offer and Acceptance.
- Payment of the full amount of the student fee for a Study Period must be received by the due date prior to the commencement of that Study Period.
- I will not be allowed to attend my course until payment is received for the Study Period and that failure to pay the student fee by the due date may result in enrolment in the course being suspended or cancelled.

PAYMENT OPTIONS

I agree to pay \$_____ payable on the first (1st) day of each week/fortnight/month

Payment will be made to the below bank account.

Account Name		BSB	
Bank		Account Number	
Address		Swift Code	

Signature		Date	
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OFFICE USE ONLY

Payment Plan Approved

Name		Position	
Signature		Date	