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RTO Code: TBA CRICOS Code: TBA

I authorize Apeiro Institute Pty Ltd to debit the following CREDIT CARD for payment of tuition and other related fees:

SECTION- A														
Student Name														
Student ID								Date		/	/			
Full Address & Phone Number														
CREDIT CARD DETAILS: PAYMENT BY CREDIT CARD (VISA OR MASTERCARD ONLY)														
Card Number														
Name on Card						·								
Card Expiry Date / /								CVV						
Total Amount to be Debited in AU\$*														
Card Holder Signature								Date						
*Please note that all cr	*Please note that all credit card payment will incur a 1% surcharge.													
SECTION- B - DIRECT DEBIT REQUEST (Payment Schedule to be filled by Apeiro Institute staff only)														
Payment Schedule						Due Date			Amount (AU\$)					
Course Name														
Payment 1						dd/mm/yyyy			\$					
Payment 2						dd/mm/yyyy			\$					
Payment 3						dd/mm/yyyy			\$					
Payment 4						dd/mm/yyyy			\$					
						Total Amount			\$					
Conditions:														
<ul> <li>I authorise and acknowledge that Apeiro Institute Pty Ltd to debit my credit card as mentioned above, specified in Section B of this form – Payment Schedule. I give my consent for this authority to remain in force until the Total Amount of All Payments shown in section B has been paid in full at which time this authority will be deemed to be extinguished.</li> <li>I have received, read and understood the conditions of the Apeiro Institute Tuition Fee Payment Schedule.</li> <li>I have received, read and understood the conditions of the Apeiro Institute refund policies and procedures (for international and domestic student both).</li> <li>I understand and agree that by agreeing to the Tuition Fee Payment Schedule, I am committed to an agreed schedule and any failure to make payment will result in termination of the agreed Payment Schedule and the full outstanding balance becoming immediately due and payable.</li> <li>Dishonour fee of AU\$20 is applicable in case of dishonour of any direct debit instalment.</li> <li>Details on this form may be used to collect outstanding debt through a collection agency at my expense.</li> <li>In case of any error or omission which may affect the student in any case, the maximum claim is limited to the amount collected from the student.</li> <li>I understand and agree to the above conditions and will make payments as set out in the Payment Schedule.</li> <li>I have read and understand Appeal and complaint polices and procedure for Apeiro Institute.</li> <li>I have read and understand Financial Management Policy for Apeiro Institute.</li> <li>I have read and understand Student fees and charges policy.</li> <li>I have read and understand refund policy (for international and domestic student)</li> </ul>														
☐ I agree	∐ I do no	ot agree												
Student Signature							Date							