

PAYMENT SELECTION

EPIC

FORM



Parent Name: _____

Please tick your payment selection

☐ VIP (Very Important Payer - upfront)

☐ DIRECT DEBIT

If you chose Direct Debit please advise the following:

☐ I HAVE ATTACHED MY COMPLETED DIRECT DEBIT FORM

For each new term I hereby consent to EPIC Studios Australia recommending my payments in time for the first week of class as per my attached arrangement without the submission of a new Direct Debit form for each term.

YES/ NO (please circle)

I understand and agree that should I wish to change my enrolment or cancel my enrolment (including my payments) I need to do so by filling out an enrolment cancellation or change of enrolment form.

YES/ NO (please circle)

SIGNED: _____ DATE: _____

THANK YOU