



Banking Authority Form

Student Name : _____

Student's Contact Phone Number: _____

Student's Email Address: _____

Student's Postal Address: _____

Macquarie University Student Number (if not known leave blank): _____

Bank/Credit Union Name: _____

Accounts Holder's Name: _____
(the student **MUST** be the account holder or payment will not be made) Bank Name

BSB Number: _____

Account Number (not card No. – max 9 digits): _____

N.B. Full Account and Branch (BSB) Numbers are required. Please check both numbers with your Bank. Attach an official Bank Slip wherever possible

Signature: _____ Date: _____

RETURN TO:

By mail:

Coursework Scholarships and Prizes Unit
Coursework Studies Section,
Level 3, Lincoln Building
Macquarie University NSW 2109

In person:

Student Connect
Level 2, MUSE (C7A)
Macquarie University

By email:

csap@mq.edu.au