SCHOLARSHIPS

REQUEST FOR BANKING DETAILS FOR PAYMENTS TO VU STUDENT THROUGH ACCOUNTS PAYABLE

CONTACT DETAILS

NAME: 

STUDENT ID NUMBER: 

ADDRESS: 

____________________________________________________________________________

TELEPHONE: 

FAX NO: 

MOBILE: 

VU STUDENT EMAIL ADDRESS: 

BANK DETAILS

Name of Bank: 

Name of Account Holder: 

BSB No: ___ ___ ___ - ___ ___ ___ 
(Must be 6 digits)

Account No: _______ ______ _______ ______ ______ _______ 
(Maximum of 9 digits)

SIGNATURE: 

Date: ____/_____/______

Instruction For Users:
- All fields are mandatory and must be filled in NEATLY so the information is readable.
- To submit this form the authorized person may:

Mail to: Victoria University SCHOLARSHIPS OFFICE Footscray Park Campus PO Box 14428 MELBOURNE, VIC, 8001
Hand deliver to: Scholarships Office Footscray Park Campus Building M, Room M238 (Entry via Student Engagement Reception)
Fax to: 9919 5569
Email to: scholarships@vu.edu.au

Finance Use Only: Supplier Code: Date: