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## Credit Card Authority

Name: \_\_\_\_\_

Student No: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Being Payment for:  
(Tick applicable box)

Tuition Fees: AUD\$\_\_\_\_\_ are being paid for (e.g: Term1, 2011) \_\_\_\_\_

Enrolment Fees: AUD\$\_\_\_\_\_  Material Fees: AUD\$\_\_\_\_\_

Overseas Students Health Cover: 1 year cover for  
 Single Cover (AUD\$507)  Family Cover (AUD\$1275)

Or specific period \_\_\_\_\_ months/weeks

Total Amount Payable: 

AUD\$
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Credit card Type:  Mastercard  Visa

Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_

**Please charge AUD\$\_\_\_\_\_ to my Card**

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\* There is 2% surcharge of total amount payable.

*Disclaimer: If this transaction is processed when and/or where DCC is not available the transaction will be charged to the credit card holder in AUD*

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**Please fax your signed form to (612) 8252 9988**

WIN Use Only:	Date: ____/____/____	WIN Initials: _____
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