

Credit Card Payment Authorisation Form

F-2.O.5



Please complete and sign this form and send to Student Services via
studentservices@academies.edu.au

Credit Card Type: Visa Mastercard

Credit Card Number:

Expiry Date: _____ / _____

Cardholder Name: _____

Amount of Payment: AU\$ _____

Amount in Words: _____

I authorise Academies Australasia to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the following student's fees.

Student ID number: _____

Student Name: _____

Cardholder to print name, sign and date below:

Signed: _____

Date: _____

Name: _____