



## CREDIT CARD PAYMENT AUTHORISATION FORM

### PERSONAL DETAILS

Student Number:			
Family Name:		Given Name:	
Email:		Telephone:	
Course:		Course Duration:	
Commencing Date:		Completion Date:	

### PAYMENT AUTHORISATION DETAILS

Australian International College has agreed to reserve a course placement for the above named applicant on the course commencement date specified.

Credit Card Detail:			
Name on card:			
Card Number:			
Expiry Date:		CCV Number*:	
Amount:	AUD		
Cardholder Signature:			

\*3-digit number on the back panel of the card

Australian International College will apply a surcharge of 2.5% on the total amount payable by credit card payment so as to recover the costs associated with form of payment.

I authorize use of the credit card indicated to pay the fee(s) for applicant holder named above.

Please e-mail this completed payment authorisation form to [accounts@aic.nsw.edu.au](mailto:accounts@aic.nsw.edu.au)  
 Upon payment, a customer receipt will be sent to the payer via email.