



CREDIT CARD REGULAR PAYMENT AUTHORISATION FORM

Please charge my credit card as detailed below:

Card Type Mastercard Visa American Express

Card Number _____

Expiry ____/____ Amount \$ _____

Payment Plan Weekly Fortnightly Monthly

First debit to be made on ____/____/____ with a final debit on ____/____/____

Cardholders Name _____

Cardholders Signature _____

Date _____

Student's Name _____

Family Code (if known) _____