ACAP Australian College of Applied Psychology

INTERNATIONAL STUDENTS CREDIT CARD PAYMENT AUTHORISATION FORM

Please print in BLOCK LETTERS

1. Student Details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify):

Given Name(s):

Family Name:

Student Number:

Expected Course Commencement Date (DD/MM/YYY):

Course Enrolled/Applied for:

Breakdown of Fees Being Paid:

2. Credit Card Details

I hereby request that you charge my credit card to the amount of **AUD $** _____

Type of Credit Card: ☐ Visa ☐ Mastercard

Cardholder Name:

Card Number:					-					-					-				
Expiry Date:			-																
CCV Code:																			

Payer's Address:

3. Cardholder's Signature

Date:

Please return this form to International Admissions at Apply.International@acap.edu.au