



Credit Card Authorisation Form

Student's Full Name:
Course:
Amount:

I _____ authorize the West Australian Institute of Further Studies to deduct the amount of AU\$_____ from the following credit card:

Card Holder Name	
Card Number	
Expiry Date	
Card Type	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other: _____
CCV No.	
Amount	

Please note that all card payments will incur a 2% surcharge.

Card Holder Signature: _____ Date: _____