

Credit Card Authorisation Form

Student's Full Na	me:						
Course:							
Amount:							
l				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 □	Mastercard \square	Other:				
CCV No.							
Amount							
Please note that all card payments will incur a 2% surcharge.							
Card Holder Signature:			Date:				

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