

CREDIT CARD PAYMENTS

Please complete this form online and print for signing

I, _____ **HEREBY AUTHORISE**

PLEASE INSERT NAME

THE UNIVERSITY OF WESTERN AUSTRALIA FINANCIAL SERVICES

TO DEDUCT \$ _____

BEING PAYMENT FOR _____

FROM THE CREDIT CARD LISTED BELOW.

PAYMENT DETAILS

BANKCARD

VISA CARD

MASTERCARD

CARDHOLDER'S FULL NAME _____

CARD NUMBER

EXPIRY DATE /

SIGNATURE OF CARDHOLDER

OFFICE USE ONLY

RECEIPT NO. _____ DATE _____