

## Credit Card Payment Authorisation Form

TELEPHONE: +61 3 9244 5197  
FAX: (613) 9244 5198  
Email: deakincollege@deakin.edu.au

Date: \_\_\_\_\_

To: **Deakin College at Deakin University,  
Melbourne Campus at Burwood  
221 Burwood Hwy  
Burwood VIC 3125 AUSTRALIA**

### PAYMENT DETAILS

Tuition Fees: AUD\$ \_\_\_\_\_

Surcharge 1.5%: AUD\$ \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Course: \_\_\_\_\_

Please charge my:  MasterCard  Visa **Total Amount AUD\$** \_\_\_\_\_

**My full card number is:**

Valid from: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Telephone Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_