

Please complete and sign this form

Student ID number: _____

Student Name: _____

I authorise Academies Australasia to charge the agreed amount listed below to my credit card provided herein. I agree that I will pay for the above student's fees.

- | | |
|------------------------|--------------------|
| Tuition fees | Administration fee |
| OSHC | Access card |
| Other (please specify) | |

Credit Card Type: Visa Mastercard

Credit Card Number: _____

Expiry Date: _____ / _____ CWV: _____

Cardholder Name: _____

Amount of Payment: AU\$ _____

Amount in Words: Date:
