

CREDIT CARD AUTHORITY FORM

STUDENT DETAILS

STUDENT NAME		STUDENT ID	
DATE OF BIRTH	/ /	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
ADDRESS <i>(including street number and name, suburb or town, postcode and country)</i>			
PHONE NUMBER/S		EMAIL ADDRESS	

TICK	REASON FOR PAYMENT
<input type="checkbox"/>	TUITION FEE
<input type="checkbox"/>	Deposit for CoE

CARD DETAILS

PAYMENT AMOUNT			
PAYMENT FREQUENCY	<input type="checkbox"/> Once	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
CARD TYPE	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER	<input type="checkbox"/> OTHER: _____
NAME ON CARD			
CARD NUMBER	□□□□ □□□□ □□□□ □□□□		
EXPIRY	□□ / □□	CVV	□□□
CARD HOLDER SIGNATURE			

By entering your name in the signature field above, you certify that all the information provided is accurate and truthful. This will be regarded as your official signature. A 2% processing fee will be applied to the total payment amount for credit or debit card transactions, including those made with Visa, MasterCard, or any debit card. This form is for internal use by Cornell Institute of Training only and is not to be used by external parties.