



Credit Card Payment Authorisation Form

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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\$ _____

Student Name: _____

Student ID: _____

Course: _____

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

My full card number is:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Valid from:	_____	Expiry Date:	_____												
Cardholders Name:	_____														
Address:	_____														
	_____												Postcode	_____	
Daytime Telephone Number: ()	_____														
Email:	_____														
Signature of cardholder:	_____														