

CREDIT CARD PAYMENT SLIP

Use this form when you wish to pay by credit card for a particular form application which does not contain space for credit card details. **This form is not suitable for any FEE payments.**

“Please ensure forms are securely attached to this payment slip.”

Student Number:

Please tick box where applicable:

Replacement Student Statement or HECS Liability Notice.

Duplicate Assessment Notice.

Replacement Testamur.

Other (please print clearly which form for your payment)

.....

Please debit my account by \$ using this credit card details as shown below:

Bankcard

Mastercard

Visacard

Credit Card Number

Account Name: _____

Expiry Date /

Signature: _____

Date: ____ / ____ / ____

Form numbers attached.....	STUDENT ADMINISTRATION UNIT USE ONLY	
	<input type="text"/> Processed Stamp Processed by (initials): _____	<input type="text"/> Date Stamp Received by (initials): _____