

PAYMENT AUTHORISATION FORM

Re: Fees payable to Einstein College of Australia for _____

Student Name: _____

Student ID (If applicable): _____

To enable us to process your fees of \$ _____ for the above student,
please complete the details below:

I authorise Einstein College of Australia to debit the amount from the card with the details below as per the schedule below:

Card Type: Visa Master Electron/ Maestro Amex
Other _____ (Please specify)

Amount (AUD): \$ _____

in words: _____

Name on Card: _____

Card Number:

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Start Date: _____ / _____ (MM/YY) Expiry Date: _____ / _____ (MM/YY)

CVV Number: _____

Note:

- Please forward fully completed payment authorisation form to Einstein College of Australia either by fax 0061-3-9629 7146 or email contact@einsteincollege.vic.edu.au
- There will be an additional 2% surcharge on credit card transaction.

Declaration:

I hereby authorise Einstein College of Australia to take the payment from my card with the above mentioned details.

Signature: _____ **Date:** _____