

PAYMENT AUTHORISATION FORM

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: _____

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

CVV Number: _____

Schedule:

The total amount above will be deducted as per the schedule below.

Installment No.	Amount	Due Date
1	\$	/ /
2	\$	/ /
3	\$	/ /
4	\$	/ /
5	\$	/ /
6	\$	/ /
7	\$	/ /

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:** _____