



CREDIT CARD / DEBIT CARD AUTHORISATION FORM

Student First Name: _____ Last Name: _____

Student ID: _____

Enrolled Course Name: _____

Please note we can only accept Visa or MasterCard (No American Express or Diner Club). We DO NOT accept any offshore student's credit card payment.

Name on the card: (If the owner of the card holder different from the student name we may ask you to provide the proof of relationship)	
Credit / Debit Card Number:	
Card Expiry date:	
CVV number (last 3 digits on the back of the card)	
Contact Number of Card Holder:	
Payment amount:	
Plus 1.53 %Credit Card charge or Plus 0.29% Debit Card charge	
Total payment amount:	

I, _____ hereby authorize Australian Professional Skills Institute Pty Ltd to process this credit/ debit card payment transaction through ANZ Bank merchant facilities.

Cardholder signature: _____ Date: _____

Please email the completed form to accounts@apsi.edu.au to process. An official receipt for this payment will be sent to you after processing.