



AUSTRALIAN PROFESSIONAL SKILLS INSTITUTE PTY LTD
A.B.N 65 131 433 433

CREDIT CARD / DEBIT CARD AUTHORISATION FORM

Student Name: _____ Student Number: _____

Email Address: _____

Contact Number: _____

Please note we can only accept Visa or MasterCard

Name on the card: _____

Credit/ Debit Card Number: _____/_____/_____/_____

CVV number (last 3 digits on the back of the card): _____

Card Expiry date: ____/____

Payment amount:	A\$ _____
Plus 2.12% Credit Card charge or	A\$ _____
Plus 0.57% Debit Card charge	A\$ _____
Total payment amount:	A\$ _____

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

Cardholder signature: _____ Date: _____

(if completing electronically, select ADOBE FILL & SIGN from PDF menu)

Please email the completed form to accounts@apsi.edu.au

An official receipt for this payment will be sent to you after processing.