

CREDIT CARD PAYMENT AUTHORISATION FORM

Authorisation to Pay: By Email Over the Phone Other (Please specify)							
Card Type: VISA		☐ MasterCard			□ Debit Card		
Card Number:							
Credit Card Expiry Date: / CVV number							
Card Holder's Name:							
Amount of Payment : AUI	D \$_						
In Words:							
Please note a 2% surchar	ge is a	dded to al	CREDIT	card pay	yments.		
For any amounts over \$5, photo identification must be			•	nt and b	ack) plu	s a copy	√ of
Name of Organisation Au Language Links Internation							
Type of Payment: (Course	e Fee, ⁻	Tuition Fe	e, Accomm	nodation	n etc)		
Card Holder's Signature					Г	Date	

Version 4/LL le/Finance/0518