



Educating for Excellence

Australian Ideal College

RTO No.: 91679 | CRICOS Provider Code: 03053G
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Credit Card Payment Authorisation Form

(PLEASE COMPLETE THE FOLLOWING SECTIONS)

Student Details:

Offer Ref. No. or Student ID	
Family Name	
Given Name(s)	
Date of Birth (dd/mm/yyyy)	
Email	
Agent (if applicable)	
Amount to pay (AU\$)	

To pay by credit card, please complete the following:

I hereby give permission to Australian Ideal College Pty Ltd to debit my credit card for the amount of AU\$ _____ plus **2%** Credit Card surcharge for Visa or MasterCard, or plus **3%** Credit Card surcharge for Amex Card or other cards, for the abovementioned student.

Type of Card MasterCard Visa Amex Other _____

Card Number _____

Expiry Date _____ / _____ CCV Code _____

Card holder's name (Print) _____ Cardholder's Signature _____

Student's Signature _____ Date: ____ / ____ / ____

NOTE: Please email the completed form to accounts@aic.edu.au or info@aic.edu.au

AIC OFFICE USE ONLY:

Form Received by: _____ (Staff) Date: ____ / ____ / ____

Processed by: _____ (Staff) EFTPOS Receipt No: _____

Student Receipt No: _____ Date: ____ / ____ / ____