

## **Credit Card Authority Form**

Please download this form, fill up with the correct details and email it to **accounts.au@ahic.edu.au** Once the account department receives the form and deducts the amount as per your request.

Card Details			
Student ID			
First Name		Last Name	
Current Address			
Daytime Phone		Mobile Phone	
Email			
<b>Payment Detail</b>	S		
		Payment Start Date	
		Total of all Payments	

Account Details																
Card Type (Tick)	2.5% Surcharge Mastercard Visa Card	Card Number														
		Expiry Date										(	CCV			
		Name on Card														
		Signature														
		Date														

AHIC\_Credit Card Authority Form V1.2