

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			
Payment Detail	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