

**Form** 

No: **AD15** 

Name: Credit Card Authorization

Student Details	
Student:	Student I.D #
Mobile No:	Batch ID:
Course:	
I Authorise Universal Institute of Technology to charge my Card indicated:	
Card Type:	
☐ Visa ☐ MasterCard	
Card Holder Name (as on the card):	
Card No:	
Security 3 Digit number: (Appears on the reverse of the	
card next to the signature pane).	
Expiry Date: (mmyy)	
Amount in AUD: (All payments will attract a surcharge	
(All payments will attract a surcharge of 2.5% on the total amount payable).	
Declaration:	
I declare that the information provided is correct and true	
I understand that all payments will attract a surcharge  Card Holders Signature:	
Card Holders Signature.	
Once the form is complete (and signed should) then	
Once the form is complete (and signed above) then:  Scan it and email to: <a href="mailto:receivables@uit.edu.au">receivables@uit.edu.au</a>	
☐ Hand it into administration.	
Office Use Only	
Date Received:	Processed Date:
Signed:	Processed by:

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