

CREDIT CARD AUTHORITY FORM

Student Name: _____
(Surname/Family Name) (Given Names)

ECU Student Number:

Address: _____

Telephone (country code) _____ (area code) _____ (Phone no) _____

Payment Details:

Tuition Fees _____ **Amount:** \$ _____

OSHC _____ **Amount:** \$ _____

OSHC type: Single / Dual / Family

Complete full Credit card details in section #2 **AND** complete partial Credit Card details in section #1

1

Credit Card Details:

Expiry Date: ____ / ____

Card Type: Visa / Mastercard (Bankcard, Amex and Diners cards are not accepted)

Card Holder Name: _____

Signature: _____ **Date:** ____ / ____ / ____

Payment Received by: Staff Name: _____ Date: ____ / ____ / ____

Payment Processed by: Staff Name: _____ Date: ____ / ____ / ____

Receipt Number: _____



2

Credit Card Number:

Expiry Date: ____ / ____

3 digit Security Code (CVV): (Once payment is approved detach this section and shred)