



INTERNATIONAL STUDENTS - EDITH COWAN UNIVERSITY CREDIT CARD MAIL AUTHORITY - PAYMENT DETAILS

Name of Payer _____

Student Number: _____

Payment For	Tuition Fee	Semester 1	<input type="text"/>	Semester 2	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OSHC	Single	<input type="text"/>	Family	<input type="text"/>					

CARD DETAILS

Bankcard Number/American Express Card

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Visa Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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MasterCard Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name of Card Holder: _____

Expiry Date: _____

Total to Debit Card: \$ _____

Signature: _____

Phone/Fax/Email: _____

Address: _____

