



**AUSTRALIAN INSTITUTE
OF HIGHER EDUCATION**

Credit Card Authorization Form

PART 1: PAYMENT DETAILS

Name of Organization Authorized to Charge this Credit Card:

Australian Institute of Higher Education

Payment for:

Student ID Number: _ _ _ _ _

Student Full Name: _____

Payment Amount: AUD \$ _ _ _ _ _

Payment Amount in words: _____

PART 2: CARD DETAILS

Card Type: Mastercard Visa

Name on Card: _____

Card Number: _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Expiry Date: _ _ / _ _

Signature: _____

Date: _ _ / _ _ / _ _ _ _ _

Part 3: OFFICER USE ONLY

Received by: _____ Date: _ _ / _ _ / _ _ _ _ _

Processed by: _____ Date: _ _ / _ _ / _ _ _ _ _

***NOTE: Please destroy this form after credit card transaction has been processed and approved.**