

ABN: 56610041775 E: admissions@ilearnoz.edu.au W: www.ilearnoz.edu.au Level 1, 213-215 Lonsdale Street, Melbourne VIC 3000 T: 03 9999 7401

## Credit Card Payment Authorisation Form

*IMPORTANT:* \* *Enrolment without complete payment information will not be accepted.* \**For security reason signed form without photocopy of credit card will not be accepted.* 

Please select type of credit card MASTER CARD VISA CARD BANK CARD

I hereby authorise to debit from my credit card account the total amount of the required fee of AUD\$\_\_\_\_\_\_ for the total fees of the student below. (Note: A 2% surcharge will be added extra to the total fees). I further understand that a photocopy of this form with my signature on it is the same as an original:

Student's Name:	
First	Last
Student's Date of Birth:	ATTA AR
Course Enrolled:	
Cardholders Name (please print):	
Bank Name:	Learn. Grow. Become
Card Number:	RTO NO: 52791; Cricos Code: 03831C
Expiry Date (month/year):	
Card Validation Code:	
(last 3 digits at the back side of the credit card)	
Signature:	
Date (day/month/year):	

*Please email this form together with a copy of the front and back of the credit card to:* 

iLearn OZ Attention to: Accounts Department <u>accounts@ilearnoz.edu.au</u>

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