UNSW Global
THE UNIVERSITY OF NEW SOUTH WALES

CREDIT CARD PAYMENT AUTHORISATION FORM

I _____, hereby authorise UNSW Global Pty Limited to make the following transaction against my credit card:

Student Family Name:	
Student Given Name:	
Student ID (if known)**:**	
Student Address:	
Telephone No:	
Amount:	**AUD**
Payment Purposes:	
Date of Transaction:	

Credit Card Details:

☐ Visa ☐ MasterCard

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Card Number Expiry date

Name on Card Cardholder's signature

Payer's address

☞ **For security reasons, please return this completed form by fax only (not email) to +61 2 9385 4947.**