



Credit Card Authorisation Form

Student Details:

Student Name:	
Student ID:	Date of Birth:
Phone:	Email:
Course:	

Being payment for:

☐ Tuition fee: AUD\$ _____	☐ Material fee: AUD\$ _____
☐ Enrollment fee: AUD\$ _____	
☐ Other fee (e.g. Re-assessment fee, OSHC): _____ Amount: AUD\$ _____	
Are being paid for (e.g. Term 1, 2019): _____ Date to process charge: ____/____/____	

Total Amount Payable: AUD\$ _____

Credit Card Information:

Card Type: ☐ MasterCard ☐ VISA ☐ Other: _____
Cardholder Name (please print): _____
Card Number: _____
Expiry Date: ____/____

Declaration:

I, _____, authorise Harbourside Institute of Australia to charge my credit card above for agreed upon transaction. Please charge AUD\$ _____ to my card. If this transaction is processed when and/or where DCC is not available, the transaction will be charged to the credit card holder in AUD. I understand that my information might be saved to file for future transactions on my account.

Cardholder's Signature: _____ Date (DD/MM/YYYY): _____

OFFICE USE ONLY

ACCEPTED BY Harbourside Institute of Australia

Date: _____ HIA Staff Initial: _____