

PAYMENT BY CREDIT CARD

TO: _____

FROM: _____

Student Number (if applicable): _____

Reason for credit card Payment: _____

I hereby authorise UOW College Australia to debit my credit card for
\$A _____

MasterCard

VISA Card

Number:

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Expiry Date: _____

Name of Cardholder (please print):

Signature of Cardholder:

*We do not accept payment by AMEX cards.

Submission options:

- **Hand in at:** UOW College Australia Reception desk (Ground Floor, Building 30, UOW)
- **Mail to:**
UOW College Australia,
Building 30,
Northfields Avenue,
University of Wollongong, Wollongong NSW 2500

Please note we no longer accept email submissions of this form.