



Educating for Excellence

# Australian Ideal College

RTO No.: 91679 | CRICOS Provider Code: 03053G  
Sydney Campus: Levels 7 & 8, 75 King Street Sydney NSW 2000 Australia  
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E: info@aic.edu.au | W: www.aic.edu.au

## Credit Card Payment Authorisation Form\*

(PLEASE COMPLETE THE FOLLOWING SECTIONS)

### Student Details:

Offer Ref. No. or Student ID	
Family Name	
Given Name(s)	
Date of Birth (dd/mm/yyyy)	
Email	
Agent (if applicable)	
Amount to pay (AU\$)	

### To pay by credit card, please complete the following:

I hereby give permission to Australian Ideal College Pty Ltd to debit my credit card for the amount of AU\$ \_\_\_\_\_ plus **2%** Credit Card surcharge for Visa or MasterCard, or plus **3%** Credit Card surcharge for Amex Card or other cards, for the abovementioned student.

Type of Card                      MasterCard                      Visa                      Amex                      Other \_\_\_\_\_

Card Number                      \_\_\_\_\_

Expiry Date                      \_\_\_\_\_ / \_\_\_\_\_                      CCV Code \_\_\_\_\_

Card holder's name (Print) \_\_\_\_\_                      Cardholder's Signature \_\_\_\_\_

Student's Signature                      \_\_\_\_\_                      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE:** Please email the completed form to accounts@aic.edu.au or info@aic.edu.au

### AIC OFFICE USE ONLY:

Form Received by: \_\_\_\_\_ (Staff)                      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_ (Staff)                      EFTPOS Receipt No: \_\_\_\_\_

Student Receipt No: \_\_\_\_\_                      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_