



# Credit Card Payment Authorisation Form

Please complete and sign this form and send to Student Services via [info@skillstraining.edu.au](mailto:info@skillstraining.edu.au)

Credit Card Type:  Visa  Mastercard

Credit Card Number: \_\_\_\_\_

Expiry Date: Month / Year \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Amount of Payment: AU\$ \_\_\_\_\_

Amount in Words:

\_\_\_\_\_  
\_\_\_\_\_

I authorise Skills Training Australia to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the following student's fees.

Student ID number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Cardholder to print name, sign and date below:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_