

Credit/Debit Card Authorisation Form

Note: Information contained in this document is utilised in accordance with Auscare Training Organisation Privacy Policy
 CRICOS Provider Number: 04055H/ RTO Number: 52578

1. Student Details			
Given Name:		Middle Name:	
Last Name:		Student ID No:	
Mobile:		Email:	
Course(s) enrolled:			
Course Start Date:			

I request and authorise Auscare Training Organisation to arrange a payment of the below amount plus any applicable bank fees using the following payment card:

2. Payment Methods	
Card Type:	<input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Option A <input type="checkbox"/> Option B
Card Holder Name:	
Card Number:	
Expiry Date:	
CVV/CVC Number:	
Amount Due:	
Additional transactional fees/charges:	<input type="checkbox"/> Debit card surcharge <input type="checkbox"/> Credit card surcharge <input type="checkbox"/> Option A <input type="checkbox"/> Option B
Does payment card belong to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Go to section 3

3. Card Holder Details			
Please provide contact details for Auscare Training Organisation to confirm the card holder's permission to use card for the amount due.			
Card Holder's Name:			
Email:		Mobile:	
4. Acknowledgement			
<ul style="list-style-type: none"> It is your responsibility to ensure the fees are paid in full and on time. If payment is declined due to insufficient funds in the nominated account, you may incur late fees. Auscare Training Organisation is not able to process your payment if we cannot confirm the ownership of the payment card. 			
Print Name:		Student Signature:	
Date:			