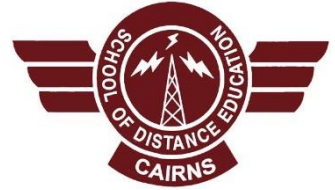


# Authorisation for Credit Card Debit



Address and forward to:

Attention: Accounts  
 Cairns School of Distance Education  
 PO Box 7092  
 Cairns Qld 4870

**NOTE:** please ensure all required signatures are provided

## Card Holder Details

<b>Surname</b>		<b>Given name/s</b>	
<b>Address</b>			
		<b>Postcode</b>	
	<b>Phone number</b>		<b>Mobile</b>

## Student Details

<b>Surname</b>		<b>Given name/s</b>	
<b>Address</b> (If different to cardholder)			
		<b>Postcode</b>	
	<b>Phone number</b>		<b>Mobile</b>

## Card Details

<b>Card Type</b>	Visa <input type="checkbox"/> <input type="checkbox"/> Mastercard			
<b>Card no.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>CCV no.</b>	<input type="text"/> <input type="text"/> <input type="text"/>		Expiry Date	
<b>Description of goods/service</b>				
	<b>Amount authorised</b>		\$ _____ : _____	

I wish to use my credit card to pay for the above goods/services supplied to me by the Cairns School of Distance Education.

I hereby authorise the merchant to debit my card account with the amount specified above and in the event of any change in the charges for these goods/services to alter the amount from the appropriate date in accordance with such change.

This authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the merchant in writing of its cancellation.

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_