



CREDIT CARD PAYMENT FORM (office use only)

Attach this form to you application/request

You must ensure that the amount due stated below is consistent with the fee payable on your tax invoice.

PART A	Card Details		
Card Type	Mastercard ☐ Visa ☐		
Card Number			
Expiry Date		CVV Code	
Cardholders Name (As it appears on the card)			
PART B	Card Holder's Details		
Cardholders Address			
City		State	
Post Code		Country	
Email		Phone	
PART C	Amount Due		
Total Amount	AUD \$ Credit Card transaction fee of 1.1% will be added to the payment amount. By using this payment service, you agree to having this additional amount charged to your account.		
PART D	Authorisation		
I authorise Public Safety Training & Response Group to debit my credit card with the amount shown above. I certify that I am over 18 years of age.			
Cardholder's Signature: _____ Date: ____ / ____ / ____			

Office Use Only:

Student ID			
Application/Request reference			
Receipt Number:		Date Processed:	