

CREDIT CARD AUTHORISATION FORM

St Albans Institute Pty Ltd T/A Hawk Institute

I authorise St Albans Institute Pty Ltd T/A Hawk Institute to debit the following credit card for payment of tuition and other related fees for:

STUDENT DETAILS	
Student Full Name:	
Date of Birth:	
Student ID Number:	
Current Course	

CREDIT CARD DETAILS	
Cardholder's Full Name:	
Credit Card Number:	
Expiry Date:	
CVV (Last 3 digits on back of card)	
Type of card:	☐ Visa ☐ MasterCard
Fees Payable:	
Credit Card Surcharges: (3% of total fees)	
Total Amount:	

☐ I, the credit card holder, hereby authorise St Albans Institute Pty Ltd T/A Hawk Institute to charge my credit card in the manner specified above. I acknowledge and agree that my details may be retained on file managed by HAWK Institute.

In accordance with the Privacy Act 1988 (Cth), your credit card details will be used solely for processing authorised payments and will be stored securely and destroyed after payment has been processed. HAWK will not disclose your financial information to any third party without your consent, except where required by law.

Signature of Cardholder:	
Date:	