

Credit Card Authority Form

(Please refer to the Refund Policy on our AIPT website, International Student Application Form and Letter of Offer.)

It is essential to update your contact details if it has changed since your lodgement so we can contact you with important information in case of an emergency. Please fill in the Student Update Contact Details Form with new details and send them to AIPT in person at reception or via email to admin@theaipt.edu.au

APPLICANT DETAILS

Family name:	Given name:
Student ID:	Date of Birth:
Email address:	Mobile No:

COURSE DETAILS

<input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning)	
<input type="checkbox"/> BSB50820 Diploma of Project Management	<input type="checkbox"/> BSB60720 Advanced Diploma of Program Management
<input type="checkbox"/> CHC30121 Certificate III in Early Childhood Education and Care	<input type="checkbox"/> CHC50121 Diploma of Early Childhood Education and Care

FOR FINANCE DEPARTMENT TO COMPLETE

Authorize Payment for (kindly fill in the amount per section):

Tuition Fees:	AUD \$
Administration Fees:	AUD \$
Material & Equipment Fees:	AUD \$
Overseas Student Health Cover:	AUD \$
Total Amount:	AUD \$

Please provide a photocopy of the Credit Card (front & back) along with the submission of this credit card authority form.

- It is your responsibility to ensure that you have sufficient credit available on your credit or debit card
- The Institute will refund the calculated amount to the credit or debit card used if a student is entitled to a refund and the payment was made via a credit or debit card. No exceptions will be made.
- If a student is found guilty of forgery or using fraudulent credit cards, relevant authorities will be notified and the student will be suspended and may face prosecution. The student will additionally be required to settle the entire tuition fee.

Note: A card payment fee will apply when using Mastercard, Visa or American Express. For further information refer to <https://www.theaipt.edu.au/>

Surcharge fee: • **Master/Visa:** 1.1% • **American Express:** 2.5% • **Union:** 2.2% • **Debit:** 0.17 cents

I authorize the above total amount to be debited from my credit or debit card (details below):

Cardholder's Name:					
Card Number:					
CVV:	last 3 digits on the back of the card	Card Expiration Date: (mm/yy)	/		
Credit Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express	<input type="checkbox"/> Union	<input type="checkbox"/> Debit
Card Holder Signature:			Date:		

FOR OFFICE USE ONLY

Date of Submission:	Staff name:	Staff signature:
Name:	Signature:	Date:
Further Comments:		