



Credit Card Payment Form

Applicant Name: _____

Type of Card (please circle): Visa Mastercard

Card Number: _____

Name on Card: _____

Expiry date: ____/____

Declaration: I authorise Macquarie University, ABN 90 952 801 237 to make the following charge(s) to my credit card.

Tick the correct option(s):

- ☐ \$65 Transfer date
- ☐ \$20 Change of module (Academic/General Training)
- ☐ \$176 Remark (enquiry on test results)
- ☐ \$82 Cancellation
- ☐ \$11 Extra TRF
- ☐ \$20 Test Report Form (results) Reprint
- ☐ \$10 Parking Permit How many required? _____

Signed: _____

Date: _____