Credit Card Payment Form

Applicant Name: ________________________________

Type of Card (please circle): Visa Mastercard

Card Number: ________________________________

Name on Card: ________________________________

Expiry date: ____/____

Declaration: I authorise Access Macquarie Ltd, ABN 59003849198 to make the following charge(s) to my credit card.

Tick the correct option(s):

☐ $330  Test
☐ $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: __________