

Name: Credit Card Authorisation

AD15

Student Details	
Student:	Student ID
Mobile No:	
Course:	

## I authorise Universal English to charge my Card indicated:

Card Type:	Visa	MasterCard
Card Holder Name: (as on the card):		
Card No:		
Security 3 Digit number: (Appears on the reverse of the card next to the signature pane).		
Expiry Date: (month/year)		
Amount in AUD: (All payments will attract a surcharge of 2.5% on the total amount payable).		

Declaration:

- I declare that the information provided is correct and true.
- I understand that all payments will attract a surcharge.

## Card Holder Signature:

Once the form is complete (and signed above) then:

## Email to: accounts\_group@ulgroup.com.au.

Hand it to the accounts department.

Office Use Only			
Date Received:	Processed Date:		
Signed:	Processed by:		

File Name: UE Credit Card	Authorisation Form	
Version Date: 01/12/2023		Review Date: 31/12/2024
Authorised by: Finance M	anager	Document Owner: CEO
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