



# Southern School of Natural Therapies

25 Victoria Street Fitzroy Victoria 3065 Ph: (03) 9415 3333

## CREDIT CARD PAYMENT FORM

### Condition of Credit Card Payments:

- Credit Card payments will attract a 1% administration fee
- If the Credit Card payment is declined by your institution, all paperwork will be returned to you, possibly resulting in late enrolment fees. Therefore, please ensure sufficient funds are available and take care that this form is filled out correctly before submitting.

Today's Date: ..... / ..... / .....

Student's Name: ..... Student Number: 10.....

Subject Fees: \$ .....

Other Fees: \$ ..... (E.G.: LATE PAYMENT FEE, LATE ENROLMENT FEE, SUPPLEMENTARY EXAM FEE, ETC)

Sub Total: \$ .....

Add 1% Credit Admin Fee: \$ ..... (TO WORK OUT 1%, MULTIPLY SUB-TOTAL BY 0.01)

Total amount owing: \$ ..... (THIS AMOUNT WILL BE CHARGED TO YOUR CREDIT CARD)

Payment by (Please tick):  Visa  MasterCard (OTHER CARDS NOT ACCEPTED)

NAME ON CARD: .....

CARD NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EXPIRY DATE: \_\_\_\_ / \_\_\_\_

CARDHOLDER'S SIGNATURE: .....

I have read and I understand the above conditions and hereby authorise the payment of the total amount owing to the credit card listed above: ..... (STUDENT SIGNATURE)

### Office Use Only:

Mail Payment  Telephone Payment

Entered in Student Records  Payment Processed Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_

Notes: .....  
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