

### Credit Card Authority

(refund policy guidance can be found in STUDENT AGREEMENT document)

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Student ID:	<input type="text"/>	Daytime Contact Number:	<input type="text"/>
Course Code:	<input type="text"/>	Course Name:	<input type="text"/>
Email Address:	<input type="text"/>		

#### FINANCE DEPARTMENT

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

Tuition Fees : **AUD \$** \_\_\_\_\_

Material & Equipment Fees: **AUD \$** \_\_\_\_\_

Application Fee: **AUD \$** \_\_\_\_\_

Overseas Student Health Cover: **AUD \$** \_\_\_\_\_

Total Amount: **AUD \$**

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

Cardholder's Name:

Card Number:

Card Verification Value:

(CVV— last 3 digits on the back of the card)

Credit Card Type:  MasterCard  VISA

Expiry Date: mm / yy

Cardholder Signature:

Date: dd / mm / yy

**Photocopy of Credit Card (front & back) is required with the submission of this credit card authority form.**

If a student is entitled to a refund and the payment was made via a credit card, the Institute will refund the calculated amount on to the credit card that was used. No exceptions will be made.

If students are found guilty of using fraudulent credit cards, relevant authorities will be notified and the student may face prosecution. The student will additionally be required to settle the entire tuition fees.

Please return with the signed STUDENT AGREEMENT to:

**Baxter Institute:**  
 Level 1, 601 Bourke Street  
 Melbourne , Victoria 3000  
 Tel: 61 3 9650 0367 Fax: 61 3 9654 1049  
 Email: [admissions@baxter.vic.edu.au](mailto:admissions@baxter.vic.edu.au)

**Postal Address:**  
 Baxter Institute  
 PO Box 452  
 Flinders Lane, Melbourne VIC 8009

#### FOR OFFICE ONLY

Date of Submission: dd / mm / yy

Administrator Signature:

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute  
 Ph: (03) 9650 0367 Fax: (03) 9654 1049  
 470 Bourke Street, Melbourne Victoria 3000 Australia  
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030  
 Email: [admissions@baxter.vic.edu.au](mailto:admissions@baxter.vic.edu.au) Website: [www.baxter.vic.edu.au](http://www.baxter.vic.edu.au)