



Centre for English Language

**SAIBT/CELUSA Credit Card Payment Authority Form**

I, \_\_\_\_\_, hereby authorise the South Australian Institute of Business and Technology (SAIBT) and the Centre for English Language in the University of South Australia (CELUSA) to debit my credit card, as outlined below.

**Student Details**

Student's Family Name	_____
Student's Given Name/s	_____
Student's Date of Birth	_____
Institution*	_____
Study Program	_____
Amount	_____

*\* Please indicate if the student's tuition payment is for SAIBT, CELUSA or both SAIBT & CELUSA*

**Credit Card Details**

Visa / MasterCard (Please circle one only)

*\* Amex/Diners/American Express not accepted.*

Credit Card Number	_____
Name on Card	_____
Expiry Date	_____
<b>Printed Name</b>	_____
<b>Signed</b>	_____
<b>Dated</b>	_____

*New students please return completed form by fax to SAIBT/CELUSA Admissions Department on +61 8 8302 11 82*

*Continuing students please return completed form by fax to SAIBT/CELUSA Finance Department on +61 8 8302 11 82*