CREDIT CARD AUTHORISATION FORM



l,	hereby authorise Analytics
Institute of Australia Pty	Ltd (AIA) to charge my Credit Card account for the amount of \$
on behalf of	
This amount may be use	ed to pay off the current or upcoming dues I have / will have with AIA.
Student Details	
Student ID:	Student Name:
Card Details	
Card Type:	VISA Master Card
Card Number:	
Name on the Card:	
Expiry Date:	
CVV Number:	
Card Billing Address	
Number and Street:	
Suburb / Town:	
State:	Postcode:
Email Address:	
Telephone:	Mobile:
Card holder's	Date:
Signature	
DIRECT DEBIT AUTHO	PRITY (only if Direct Debit of future payment is to be authorised)
As Credit Card holder, I al future payments approve	so authorise Analytics Institute of Australia to charge my Credit Card Account for ed by me.
I authorise;	YES NO
Authorisation valid until	Date(s) of debit
Transaction Amount (\$)	
Card holder's Signature:	

NOTE: Please see Important Notice on Page **02** of this document.



IMPORTANT NOTICE:

- 1. All information provided by the Card holder will remain strictly confidential and will be destroyed after authorisation date (s) have expired.
- 2. Only credit cards issued by Australian banks or financial institutions are accepted.
- 3. Your obligations:
 - 3.1. It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a payment to be made in accordance with the request.
 - 3.2. If there are insufficient clear funds in your account to meet a payment:
 - (a) you may be charged a fee and/or interest by your financial institution.
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the payment.
- 4. To ensure the authenticity of this authorisation, please provide copies of the Front and Back (with Signature) of the Credit Card, together with this Authorisation form.

