



**Ideal International Institute Pty Ltd**  
**RTO NO. 46289 I CRICOS NO.: 04296B**  
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## Credit Card Authorisation Form

I authorise Ideal International Institute Pty Ltd to debit the following credit card for payment of tuition and other related fees for: -

| Student Details    |  |
|--------------------|--|
| Student Full Name: |  |
| Date of Birth:     |  |
| Student ID Number: |  |
| Current Course     |  |

| Credit Card Details                        |                                                                   |
|--------------------------------------------|-------------------------------------------------------------------|
| Cardholder's Full Name:                    |                                                                   |
| Credit Card Number:                        |                                                                   |
| Expiry Date:                               |                                                                   |
| CVV<br>(Last 3 digits on back of card)     |                                                                   |
| Type of card:                              | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard |
| Fees Payable:                              | \$                                                                |
| Credit card surcharges: (3% of total fees) | \$                                                                |
| Total Amount:                              |                                                                   |

☐ I, the credit card holder, hereby authorise Ideal International Institute Pty Ltd to charge my credit card in the manner specified above. I acknowledge and agree that my details may be retained on file managed by Ideal International Institute. In accordance with the Privacy Act 1988 (Cth), your credit card details will be used solely for processing authorised payments and will be stored securely and destroyed after payment has been processed. I will not disclose your financial information to any third party without your consent, except where required by law.

|                          |  |
|--------------------------|--|
| Signature of Cardholder: |  |
| Date:                    |  |