

Date        /        /  
\_\_\_\_\_  
  
To        \_\_\_\_\_  
\_\_\_\_\_  
  
From        \_\_\_\_\_

**RETURN TO:-**  
Cashier  
University of Ballarat  
Accommodation Services  
P.O. Box 575  
BALLARAT, Vic., 3353  
Australia

**OR RETURN FAX TO:-**  
(Within Aust.)    03 5327 9484  
(International) +61 3 5327 9484



## Creditcard Authorisation Request

All details of this voucher must be completed in full for this transaction to be processed.

**This document authorises the University of Ballarat to process this CREDITCARD transaction via EFTPOS \***

(The following cards are acceptable for payment - please tick the appropriate box)

<input type="checkbox"/> BANKCARD (AUST.)	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA CARD	<input type="checkbox"/> American Express (AMEX)
CREDITCARD NO:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXPIRY DATE:        /       

AMOUNT:        \$        :

AS PAYMENT FOR:    (Student/Client Name/ Number) \_\_\_\_\_

(Item or Fee Description) \_\_\_\_\_

CARDHOLDERS NAME:        \_\_\_\_\_

CARDHOLDERS SIGNATURE:        \* \_\_\_\_\_

DATE:        /        /