WENTWORTH INSTITUTE
OF HIGHER EDUCATION
WIN EDUCATION CRICOS CODE 03279M PRV12063

CREDIT CARD AUTHORITY

STUDENT DETAILS

Name		Student ID	
Email		Mobile	

BEING PAYMENT FOR: (Tick applicable box)

☐ Tuition Fees: AUD$ _____ are being paid for (e.g: Term1, 2027) _____

☐ Enrolment Fees: AUD$ _____ ☐ Material Fees: AUD$ _____

☐ Overseas Students Health Cover(1 year cover):

- ○ Single Cover (**AUD$713**)
- ○ Family Cover (**AUD$13,692**)
- ○ Or specific period _____ months/weeks

Total Amount Payable: AUD$ _____

If the cardholder is not the student, please complete the authorisation form on page 2.

CREDIT CARD DETAIL:

○ Mastercard ○ Visa

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐

Cardholder's Name (please print): _____

Please charge **AUD$** _____ to my Card

Cardholder's Signature: _____ Date: ☐☐/☐☐/☐☐ (DD/MM/YYYY)

Disclaimer: *If this transaction is processed when and/or where DCC is not available the transaction will be charged to the credit card holder in **AUD**.*

OFFICE USE ONLY

Date		WIN Initials	

W: www.win.edu.au | **E:** info@win.edu.au
T: +61 2 8252 9999 (SYD)
T: +61 2 6112 8839 (ACT)

SYDNEY CAMPUS:
Level 1-5, 302-306 Elizabeth Street, Surry Hills NSW 2010
Level 2, 28 Foveaux Street, Surry Hills NSW 2210

CANBERRA CAMPUS:
Level 1, 15 Moore Street, Canberra ACT 2601
Level 2, 15 Barry Drive, Turner, ACT 2612

CREDIT CARD AUTHORITY

THIRD-PARTY CARDHOLDER AUTHORISATION

Complete this page only if the cardholder is not the student named on page 1.

Student Name		Student ID	
Cardholder Full Name			
Relationship to Student			
Cardholder Email			
Cardholder Phone			

DECLARATION

☐ I confirm that I am the student named above and that the information provided in this form is true and correct.

☐ I authorise Wentworth Institute of Higher Education to process the payment amount specified on page 1 using the card details provided in this form. Where the card is held by another person, I confirm that the cardholder has authorised the use of their card for this payment.

Student's Signature: _____ Date: ☐☐ / ☐☐ / ☐☐ (DD/MM/YYYY)

IDENTITY VERIFICATION

Please provide a copy of the cardholder's passport or other government-issued photo identification through the Institute's secure submission method. Information that is not required to verify the cardholder's name and identity may be obscured. Any suspected unauthorised or fraudulent use of a payment card may be reported to the card issuer and, where appropriate, to the police. Such conduct may constitute an offence under section 192E of the Crimes Act 1900 (NSW) or section 332 of the Criminal Code 2002 (ACT), as applicable.

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