

Card Holders Name:

(**PRINT** - Exactly as it appears on card) _____

Card No: _____

Verification NO: _____ (3 digits at the back of your credit card)

* Expiry Date: ____/____/____

Card Type: Visa [] Master Card [] Bank Card []

Note: There will be a processing fee of 1.75% on credit card payments

Card Holder's signature: _____ (Electronic signature is not accepted)

Date: ____/____/____

I authorise New Era Institute to debit the above Card in the amount of:

\$ _____

Payment for:

Student Name: Student Number (if known):

Office Use Only

Received by (Print Name):.....

Staff Signature:

Date: / /

Actioned by:

Admin Staff (Print Name):.....

Staff Signature:

Date: / /

Processed: Yes No