

CREDIT CARD PAYMENT AUTHORIZATION FORM

Dated: / /

TO: University of Wollongong in Dubai
Post Box # 20183,
Dubai,
United Arab Emirates.
Tel # +971 4 367 2400
Fax # +971 4 367 2752

Student Name: _____

Student ID: _____ Post Box _____

Town: _____ Country: _____

Telephone No.: _____ Mobile No.: _____

Course/IELTS _____ Dates _____

I authorize the University Of Wollongong in Dubai to debit my credit card with the following amount towards my fees. Also I understand that **a charge of AED 500/- will be added if the Debit Order cannot be processed by the bank** on the below due date for whatever reason.

Payment of Dhs.: _____ Dated: / /

Credit Card Details:

Card No. _____

Card Type: ☐ Visa ☐ Master Expiry Date: / /

Card Holder Name: _____

Card Holder Signature: _____

☐ Please mail the Receipt

☐ I will collect the Receipt

**“PLEASE ATTACH CLEAR COPIES OF BOTH SIDE OF YOUR CREDIT CARD
ALONG WITH THIS AUTHORIZATION”**