

## 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”**