



Equanimity Consultants Pty Ltd
 T/A Empyrean Education Institute
 16 The Terrace Fremantle
 W.A 6160
 (08) 9228 1600
 www.eei.wa.edu.au
 RTO ID: 52118 CRICOS: 03275D

Credit Card Authorisation Form

Student ID		Student Full Name	
Current Course		Commencement Date	
Mobile Number		E-mail:	
Current Address (Within Australia)			

I, _____ request and authorise Empyrean Education Institute to debit the following credit card for payment of tuition fee or other related fee.

Credit Card Details

Card Holder Name:															
Credit Card Number:															
Credit Card Expiry Date: ____/____/____ Card Verification Code: _____															
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex <input type="checkbox"/> American Express <input type="checkbox"/> Others:															
Total Fee Payable								AUD\$ _____							
Add Surcharge of 2.5% of fees Payable								AUD\$ _____							
Total Amount								AUD\$ _____							
Signature of Cardholder:												Date:			

Please note the following:

- The details will be destroyed within 14 days of the payment.
- The official invoice/receipt will be forwarded to the student once the payment has been made