



# Credit card authorization - course fees

DO NOT SEND THIS INFORMATION VIA E-MAIL

**Note:** Please enter details carefully and legibly.

Fax completed form to: USA: 1-888-670-8512 -- Australia: 0015-1-888-670-8512 -- NZ: 01-888-670-8512

I hereby authorize Oceania University of Medicine to charge my credit card as follows for payment of:

Application fee    Matriculation fee    Course tuition    Student visa   (please check one)

Term/start date: \_\_\_\_\_

Amount of charge: **USD** \_\_\_\_\_ \*(application/matriculation/tuition fees)

**AUD** \_\_\_\_\_ \*(application/matriculation/tuition fees)

**WST** \_\_\_\_\_ \*(student visa fee only - USD equivalent will be debited)

\* 2.77% convenience fee will be added for all credit card payments.

Type of card:                       Visa     MasterCard     American Express     Discover

Credit card number: \_\_\_\_\_

3 or 4 digit security code: \_\_\_\_\_ (on front of American Express, on back of Visa/MasterCard)

Name on credit card: \_\_\_\_\_

Name of OUM student: \_\_\_\_\_

(if different than card holder)

Expiration date: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholders billing address: \_\_\_\_\_

(Include postal code & country) \_\_\_\_\_

Telephone: \_\_\_\_\_

**Note:** A completed and signed form must be received by 5:00 pm, US Eastern Time, on Friday of Registration Week, in order to enroll for the following term.

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*Do not rely on printed copies to remain current.*

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