



## Credit card authorization - course fees

DO NOT SEND THIS INFORMATION VIA E-MAIL

**Note:** Please enter details carefully and legibly. Fax completed form to: **(+011)-685-30291 (SAMOA)**.

I hereby authorize Oceania University of Medicine or agent thereof to charge my credit card as follows for payment of: \_\_\_\_\_ (please check one)

Application fee  Matriculation fees  Course tuition  Student visa  OUMAT Study Guide

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

Amount of charge: **USD or AUD** \_\_\_\_\_ \*(please circle currency)

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

**\* 2.5% 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 credit card holder)

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

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

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

Phone: \_\_\_\_\_

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

Print out and fax completed form to: **(+011)-685-30291 (SAMOA)**. (Note: 685 is the country code. If faxing from outside USA please confirm if you have to dial "011", as it might vary by country)

**Note:** Do not send this form by e-mail.

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