

PAYMENT FORMS

Customer Name:

Student Number (if applicable):

Contact Phone Number:

Payment Purpose: Practical Legal Training Program
 Other (please specify)

PAYMENT METHODS

I WISH TO PAY BY:

Cheque (in AUD) – Made out to The College of Law

Visa Mastercard Amex

Card Number:

Cardholder's Name:

Expiry Date: CCV Code: Amount to be charged to card: \$

Signature*:

*Please print this form and sign above using blue or black ink or insert a digital signature

Electronic Funds Transfer (EFT) deposit into:

Account name: College of Law
Bank name: National Australia Bank
BSB No: 082 212
Account No: 164 281 531
Bank Address: 32 Willoughby Road, Crows Nest, 2065

Name:

Amount paid: \$ Date Banked: (DD/MM/YYYY)

RETURN FORMS TO:

Student Services, The College of Law, P.O. Box 2, St Leonards NSW 1590 or DX 3316 St Leonards

PRINT THESE FORMS