PAYMENT FORMS

THE COLLEGE OF LAW

Customer Name:

Student Number (if applicable):

Contact Phone Number

Payment Purpose: ☐ ALP (Applied Law)

☐ 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:

Client Services, The College of Law, Level 16 111 Elizabeth St Sydney NSW 2000

PRINT THESE FORMS