

# Postgraduate Specialisation payment form



Customer Name:

Student Number (if applicable):

Contact Phone Number:

E-mail address:

Payment Purpose: LLM

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)<sup>+</sup> 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

<sup>+</sup>Please include your surname and subject code in the transfer comments

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

Email to: [alp@collaw.edu.au](mailto:alp@collaw.edu.au)