

RABBINICAL COLLEGE OF AUST. & N.Z. CREDIT CARD PAYMENT AUTHORITY

Please complete this form and post it to:

Rabbinical College of Aust & NZ

PO Box 67, Balaclava 3183, Australia

Or fax: (61-3) 9525 9970

Or email: admin@rabbinicalcollege.edu.au

Title:First Name:Surname:

Business Name:
(if applicable)

Address:

Suburb:

State: Postcode / Zip : Country:

Phone: Email:

This is my home business address (please tick one)

Please debit my payment of \$..... to my

Visa Mastercard AMEX

Single payment, or Each month

Begin: Now, or First month to charge/.....

End: Until further notice, or Last month to charge/.....

Cardholder's Name as shown on credit card:

.....

Card Number:

Expiry Date:/..... Security Code:

Signature..... Date.....