



## Credit Card Payment Authority Form

I, (your name) \_\_\_\_\_ hereby authorize the Centre for English Language in the University of South Australia (CELUSA) to debit my credit card, as outlined below.

### IELTS Candidate Details

Family name \_\_\_\_\_

Given name(s) \_\_\_\_\_

Date of birth \_\_\_\_\_

Amount (select one)

\$340 IELTS Test Fee

\$20 Additional TRF, per copy

\$176 Remark – EOR

\$82.50 Administration fee

### Credit Card Details

Visa / MasterCard / Bankcard (please circle one only)

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_

Printed name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please include this form with your IELTS request