



### Credit Card Authorisation

**Please charge my:** *(tick appropriate box)*

MasterCard

VISA

Card Number     -     -     -

Expiry Date  /

Please debit my account with the amount of AUD.....

Cardholder's Name (as shown on card).....

Cardholder's Signature..... Date.....

Name of Student.....

Student ID Number.....

Email or Telephone (office hours).....

**Please complete and return to:**

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Sydney Law School  
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