



**THE UNIVERSITY OF WESTERN AUSTRALIA
PERMIT
CREDIT CARD PAYMENT AUTHORITY**

To the Cashier
M411 UniPark
The University of Western Australia
CRAWLEY WA 6009
Fax No : (08) 6488 1144

I _____, hereby authorise The University of Western Australia to debit my
print name

Mastercard/Visa, with the following amount :-

Type of Card: **Mastercard / Visa** (*Delete as Applicable*) Amount: \$ _____ . _____

Cardholder Name: _____

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ CCV Number: _____

Phone Number (*Essential*): _____

Reason **Official Business** _____ @ bundles

Parking Authority Permits _____ @ permits

Vehicle Registration Number: _____

Signature _____ Date: _____

NOTE: For your protection, we **cannot accept credit card information via email or fax**. Email and faxing is an insecure means of transmitting information and you should never use them to send your credit card number or other sensitive personal information