

CREDIT CARD PAYMENT AUTHORITY

To: CSU Online Shop
Building 460
Valder Way
Charles Sturt University
Wagga Wagga NSW 2678

Name: _____

Address: _____

Mobile No/Email: _____

Credit Card Type (please tick appropriate box)

Mastercard

Visacard

Amount \$

Expiry date /

Card Number (all boxes must be completed)

Card Check Value (3 digits on back of card):

Card Holders Printed Name: _____

Card Holders Signature: _____