



FLINDERS UNIVERSITY
ADELAIDE • AUSTRALIA

PAYMENT INTO A G/L ACCOUNT BY CREDIT CARD

DATE _____ / _____ / _____

STUDENT NAME _____

STUDENT ADDRESS _____

CREDIT CARD TYPE (please tick)

VISA

MASTERCARD

CARD HOLDER'S NAME _____

CARD NUMBER _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ EXPIRY DATE ____ / ____

CONTACT PHONE NUMBER _____

AMOUNT \$ _____

OFFICE USE ONLY

GST CODE

GST - C

G/L ACCOUNT NUMBER 65 - 966 - _ _ _ _ - 0809

DESCRIPTION Student Accommodation in House for
 Period / / to / /

RECEIPT NUMBER _____