Payment Advice - Form 14

Membership Number **Staff Number** *(if applicable)*

Surname

First Name

Employer Name

Contact Phone Number

Mobile Phone Number
(Required)*

Email Address
(Required)*

** We will send you alerts when new correspondence is posted to your online Student Centre*

Total amount due

Payment Method Cheque/Draft Visa Mastercard Laser

Card Number

Security Code* **the last three digits on the back of your credit card, mandatory for Visa/Mastercard*

Expiry Date
(mm/yy) /

Name on Card

Signature of Cardholder **Date**

PLEASE ATTACH FEES TO THIS FORM OR COMPLETE CREDIT / LASER CARD DETAILS ABOVE