

PAYMENT NOTIFICATION

Name			
DOB		Student number	
Phone			
Email			

Payment details

Please give details about the payment you have made.

Course		Campus	
Payment	\$	Date	
Payment method	<input type="checkbox"/> Direct deposit/ online transfer <input type="checkbox"/> At a bank branch <input type="checkbox"/> Other:		
Receipt			
Comments			

Declaration

Please give details of any courses in which you are enrolled in the future.

I declare that the information submitted in this form is true and correct			
Signed		Date	

CCA - OFFICE USE ONLY

	Name	Signed	Date
Received by			
Verified by			
Comments			