



CREDIT CARD PAYMENT AUTHORIZATION FORM

Date: _____

TO: University of Wollongong in Dubai
Post Box # 20183
Dubai, United Arab Emirates
Phone: +971 4 278 1830
Email: fees@uowdubai.ac.ae

Student Name: _____

Student ID: _____

Post Box: _____ Emirate: _____

Telephone No.: _____ Mobile: _____

Course: _____ Semester: _____

I authorize the University of Wollongong in Dubai to debit my credit card with the following amount towards my fees payment. Also, I understand that a charge of AED 525/- will be added if the Debit Order cannot be processed by bank on the below due dates for whatever reason.

Payment – 1: Dated _____ Dhs. _____

Payment – 2: Dated _____ Dhs. _____

Payment – 3: Dated _____ Dhs. _____

Credit Card Details:

Card No. _____

Card Type: Visa / Master Expiry Date: _____

Card Holder Name: _____

Card Holder Signature _____

Please e-mail the receipt at _____

I will collect the receipt.

PLEASE ATTACH CLEAR FRONT COPY OF YOUR CREDIT CARD ALONG WITH THIS AUTHORIZATION.