

CREDIT CARD PAYMENT AUTHORIZATION FORM

Dated: _____

TO: University of Wollongong in Dubai
Post Box # 20183,
Dubai, United Arab Emirates.
Fax # +971 4 367 2752
Email: cashier@uowdubai.ac.ae

Student Name: _____

Student ID: _____ Post Box: _____

Town: _____ Country: _____

Telephone No.: _____ Mobile : _____

Fee for: _____

I authorize the University Of Wollongong in Dubai to debit my credit card with the following amount towards my fees.

Payment of Dhs.: _____ Dated: _____

Credit Card Details:

Card No. _____

Card Type: Visa / Master Expiry Date : _____

Card Holder Name: _____

Card Holder Signature _____

- Please mail the Receipt
- I will collect the Receipt

“PLEASE ATTACH CLEAR COPIES OF BOTH SIDES OF YOUR CREDIT CARD ALONG WITH THIS AUTHORIZATION. THE BACK OF THE CREDIT CARD MUST BE SIGNED. UNSIGNED CREDIT CARD AUTHORIZATIONS ARE NOT VALID”.