

Credit Card Authority



In order to progress your application, the Australian Dental Council requires written authorisation from you to deduct the relevant fee from your credit card. Please be aware that in completing this form you are providing the Australian Dental Council with the required authorisation. Cardholder details will be destroyed after payment has been processed.

Applicant/Candidate Details

PLEASE NOTE:

This form is NOT to be used as an authority to change applicant/candidate contact details. If the information below is different to contact details previously provided to the ADC, you must complete a *Notification of Change of Contact Details* form.

Full Name:			
Telephone:		Mobile:	
Address:			
Date of birth:	/ /	ADC Ref No.:	Z

(IF APPLICABLE)

Card Holder's Authorisation

Please refer to the current Schedule of Fees on the ADC website: <http://www.adc.org.au/index.php?id=34> Credit Card Authorisation forms with incorrect fees will not be processed.

I,
(PRINT FULL NAME)....., authorise the Australian Dental Council to deduct

from my credit card the following application fee for the above candidate

<input type="checkbox"/>	Initial Assessment	<input type="checkbox"/>	Written Exam	<input type="checkbox"/>	Practical Exam
<input type="checkbox"/>	Other <i>(Please Specify)</i> _____				

Credit Card Type *(Please tick)*: Mastercard Visa

Name on Credit Card: _____

Card Number: _____

Amount: \$ _____ AUD Expiry Date: M M Y Y

Card Holder's Signature:		Date:	/ /
--------------------------	--	-------	-----

Please return completed form by post, email or fax to: Australian Dental Council
PO Box 13278
Law Courts VIC 8010
Australia
Fax: +61 3 9657 1766
Email: info@adc.org.au