

Fee Payment Authorisation Form

| COURSE DETAILS | | | |
|---------------------------|-------------|--------------------|-----------------|
| National Code | | Course Name | |
| Semester | Year | Start Date | End Date |
| Campus | | | |
| Lecturer | | Phone/Email | |
| NRT Contact Person | | Phone/Email | |

| STUDENT DETAILS <small>(If you are enrolling multiple students, please refer to page 2)</small> | |
|--|-----------------------|
| Student Name | Student Number |
| Phone Number | Email |

| EMPLOYER OR AGENCY DETAILS <small>(Only required if a third party is paying for student enrolments)</small> | |
|--|-----------------------|
| Organisation Name | ABN |
| Invoicing Address | Post Code |
| Authorised By | Position/Title |
| Phone Number | Email: |

| PAYMENT OPTIONS | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| Purchase Order (attached) | <input type="checkbox"/> | Please issue invoice | <input type="checkbox"/> |
| | | Credit Card (a link will be emailed to you when payment is due) | <input type="checkbox"/> |
| | | Phone payment (call 1300 996 573) | <input type="checkbox"/> |



STUDENTS

| Student Name | Student ID | Fee |
|--------------|--|-----------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | Book/Resource Fees | \$ |
| | TOTAL FEE (include GST if applicable) | \$ |

ACKNOWLEDGEMENT AND AUTHORITY

In signing this payment authority I acknowledge and accept full responsibility for the payment of all fees and charges relating to the above-named student/s enrolment at North Regional TAFE. This agreement remains in place regardless of the student/s employment circumstances with the employer/agency and/or any payment arrangement made between the employer/agency and student.

| Name | Signature | Date |
|------|-----------|------|
| | | |