

CHARLES STURT UNIVERSITY

**ASSOCIATE STUDENT PROGRAM
REMITTANCE ADVICE FORM**

CURRENT & PREVIOUS CSU STUDENT USE ONLY

STUDENT NO:

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FAMILY NAME: _____

GIVEN NAMES: _____

Payment Details: *Please indicate* Australian Citizen/Resident International Student

Cheque **Money Order** (*Please make payable to Charles Sturt University*)

I enclose a cheque or money order for \$_____

Credit Card

Please debit my (*tick appropriate card*): Bankcard MasterCard Visa Amex

For the amount of \$_____

Card Number (please print number clearly)

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Expiry Date ____/____

Name of the Cardholder _____

Signature _____

Business hours contact numbers in case of problems: Ph () _____ Fax () _____

Tick the box and enclose stamped self-addressed envelope if you require a receipt