

# **BOX HILL INSTITUTE**

## **International Office**

**465 Elgar Road Box Hill VIC Australia 3128**

Telephone: IDD (61 - 3) 9286 9425

Email: [international@boxhill.edu.au](mailto:international@boxhill.edu.au)

Website: <http://www.boxhill.edu.au>

ABN: 76 268 630 462

## **PAYMENT INFORMATION**

### **Methods of Payment**

1. There are a number of ways you can pay for your tuition fees. This document explains how fees can be paid.
2. Please include tuition fees and overseas student health cover only. Do not include other monies such as living expenses or accommodation fees.
3. Methods of payment include:
  - Local Transfers
  - International Bank Draft
  - Telegraphic Transfer (for overseas payments only)
  - Credit Card

### **International Bank Drafts**

Bank drafts should be made out to **Box Hill Institute** in Australian Dollars, and sent to the International Office at Box Hill Institute.

### **Telegraphic Transfers and Local Transfers**

Please ensure all of the following information is included.

**Bank: Westpac Banking Corporation**

**Branch: 16 - 20 Main Street, Box Hill, VIC 3128**

**Account Name: Box Hill Institute**

**Account Number: BSB No: 033 172**

**Account No: 324 336**

**Swift Code: WPACAU2S (Payment via TT from overseas)**

Please ensure **the student's name and date of birth** is indicated on the transfer.

### **Credit Card**

To pay by credit card, Box Hill Institute needs to receive the details in writing or by fax (see form overleaf), with the amount authorised and signed by the cardholder.

We require the following information:

- \* Card Holders Name
- \* Type of Credit Card (we accept MasterCard and Visa)
- \* Credit Card Number
- \* Expiry Date
- \* Card Verification Number

## BOX HILL INSTITUTE PAYMENT BY CREDIT CARD

Student's Name \_\_\_\_\_  
*Surname* *First name*

Date of Birth (DD/MM/YY) \_\_\_\_\_

Student's ID No \_\_\_\_\_

Please debit my  Mastercard  Visa card

Card Holder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Card Verification Number \_\_\_\_\_  
*(This is the last 3 numbers on the signature panel)*

Payment amount (Australian Dollars) \_\_\_\_\_

I authorise Box Hill Institute to deduct this amount from my credit card.

Card Holder's Signature \_\_\_\_\_

**Note:** Please ensure that the credit limit on your card is sufficient for the payment amount -thank you.

Please write your contact phone number here: \_\_\_\_\_

Please write your email address here: \_\_\_\_\_