



Please complete the payment approval form and return it to:

IELTS Administrator  
University of Waikato College  
Room G.03, LAIN Building  
The University of Waikato, Gate 1  
Knighton Road, Hillcrest  
Hamilton 3240  
NEW ZEALAND

Tel: (+64 7) 858 5607  
Fax: (+64 7) 858 5694  
Email: [ielts@waikato.ac.nz](mailto:ielts@waikato.ac.nz)  
Office hours: 8:30 am – 4:30 pm Mon - Fri

### Credit Card Payment Approval Form

I, \_\_\_\_\_, hereby authorise the University of Waikato IELTS test centre to debit my credit card as outlined below:

#### Payment for: (tick box)

- |   |          |
|---|----------|
| <input type="checkbox"/> Enquiry on Results (Remarks)                                 | \$199.00 |
| <input type="checkbox"/> Cancellation/transfer fee                                    | \$85.00  |
| <input type="checkbox"/> Additional copies of results (requested after the test date) | \$20.00  |
| <input type="checkbox"/> IELTS Test, Hamilton   | \$410.00 |
| <input type="checkbox"/> IELTS Test, Tauranga   | \$440.00 |
| <input type="checkbox"/> Other: _____   | \$ _____ |

Candidate's Family name: \_\_\_\_\_

Candidate's Given Names: \_\_\_\_\_

Candidate's Date of Birth: \_\_\_\_\_

#### Credit card details:

Visa / Master (delete as appropriate)

Cardholder's name: \_\_\_\_\_

Credit card number: \_\_\_\_\_

CSC number \_\_\_\_\_ (The CSC number is the 3-digit security code on the back of the card next to the signature)

Expiry date: \_\_\_\_\_

Amount: NZ\$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_