## Postgraduate Specialisation Payment Form



**Customer Name:** 

Student Number (if applicable):

Contact Phone Number:

E-mail address:

Payment Purpose:

LLM

Other (please specify)

## **Payment methods**

## l wish to pay by:

Credit card - Payment link will be provided via email once this form has been processed.

Electronic Funds Transfer (EFT)<sup>+</sup> deposit into:

\$

	Account name:	College of Law
	Bank name:	National Australia Bank
	BSB No:	082 212
	Account No:	164 281 531
	Bank Address:	32 Willoughby Road, Crows Nest, 2065
		<sup>+</sup> Please include your surname and subject code in the transfer comments
Name:		

Amount paid:

Date Banked: (DD/MM/YYYY)

## **Return forms to:**

Customer and Student Engagement Team, College of Law, Level 4, 570 George Street, Sydney NSW 2000 Email to: postgrad@collaw.edu.au