



GEN02 – Method of Payment

To be used to provide payment to RACDS where financial details have not previously been provided or have changed. This will usually be on request by an RACDS staff member.

First Name		RACDS ID <i>(if known)</i>	
Last Name			
Other Names		Date of Birth <i>(dd/mm/yy)</i>	
Email			

Payment Details

Payment For			
Payment Amount	\$AU _____		
<i>(Please refer to the Fee Schedule on the College website for the applicable fee amount)</i>			

Please select payment method

<input type="checkbox"/> Electronic Funds Transfer	Bank	Westpac Banking Corporation	
	Branch Address	60 Martin Place, Sydney NSW 2000 Australia	
	Account Name	Royal Australasian College of Dental Surgeons	
	BSB Number	032 024	
	Account Number	80 1095	
	Bank Swift Code <i>(for accounts outside Australia)</i>	WPACAU2S	
	*Please include your Surname in the reference field of your payment. Failure to do so could result in a delay to your application.		
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard	<input type="radio"/> Visa
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		
	Card Holder Signature		

This form should be submitted

Email	info@racds.org
Address	RACDS, Level 13, 37 York Street, Sydney NSW 2000