

CREDIT CARD AUTHORISATION FORM

Request and authority to debit the following credit card for payment to pay Melbourne City College Australia

Student Details

Student Name:	
Student ID:	
Course Details:	

Credit Card Details

Credit Card Holder Name:			
Credit Card Number:			
Credit Card Expiry Date:			
Credit Card Verification Code:			(CVV) last 3 digits on the back of the credit card
Type of Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		

Payment Amount:	AUD \$
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I understand and confirm that the above mentioned amount will be deducted as per the schedule below.

Credit Card Holder Signature:	Date Signed:	/ /
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Date	Amount	Date	Amount
/ /	\$	/ /	\$
/ /	\$	/ /	\$
/ /	\$	/ /	\$
/ /	\$	/ /	\$
/ /	\$	/ /	\$

Notes:

- 2% will be charged additionally on the total amount paid by Mastercard or Visa credit card.
- 4 % will be charged additionally on the total amount paid by American Express credit card.

Please sign and return this form in person or scan and email it to:

Level 9, 120 Spencer Street, Melbourne Victoria 3000
 Email: info@melbournecitycollege.edu.au