



CREDIT CARD AUTHORISATION FORM

Please print neatly in BLOCK LETTERS using BLACK INK.

STUDENT INFORMATION

Student ID: _____ Course Name: _____

Last name: _____ First name: _____

CREDIT CARD DETAILS

Name on Card: _____ Visa Mastercard

Card Number: _____

Expiry Date (dd/mm/yy): ____ / ____ / ____

CVV (Card Verification Value found at the back of the card): _____

Card Holder Contact No.: _____

Please note:

An additional fee of 2.5% (surcharge) applies to all credit card payments.

I, _____, hereby authorise Queensford College
to debit the amount of A\$_____from my credit card.

Please email this form to info@queensford.edu.au or fax this form to 07 3221 1627.

Card holder signature: _____

Date: (dd/mm/yy) ____ / ____ / ____