



Credit Card Authorisation Form

STUDENT INFORMATION

Student ID:	Course name
Last name:	Given 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 the following surcharge fees for card payments:

- Visa Credit Card: 2.00%
- Visa Debit / Pre-Paid Card: 1.12%
- MasterCard® Credit Card: 1.27%
- MasterCard® Debit Pre-Paid Card: 0.96%
- eftpos: 0.13%

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

Student signature:

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

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