



Credit Card Authorisation Form

STUDENT INFORMATION

Student ID:	Course name
Last name:	Given name:

CREDIT CARD DETAILS

Name on Card:	<input type="checkbox"/> Visa <input type="checkbox"/> 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) ____ / ____ / ____