

## Credit Card Payment Authorisation Form

CONFIDENTIAL

I \_\_\_\_\_ hereby authorise Danford College to charge my credit card the amount of \$ \_\_\_\_\_

On behalf of:

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Passport Number: \_\_\_\_\_

**Card Type:**  Visa  Master Card

**Credit-Card No:** \_\_\_\_\_

**3 Digit Code shown on back of your card:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

(Street Name and Number)

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Credit-Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### OPTIONAL:

As credit card holder, I also authorise the College to charge my Credit-Card Account for future fee payments approved by me.  Yes  No

Authorisation valid until: \_\_\_\_\_

Credit Card holder's signature: \_\_\_\_\_

Please note that all credit card transactions incur an additional 1.5%.

Total Charged: \_\_\_\_\_

**NOTE:** For Premium & overseas Credit card. Please ensure that you have confirmed with your financial institution that the credit card is authorised for international transactions, and for the amount you have specified above. An additional charge of 2% applies for Overseas Credit Cards.

\*Payment must be made in Australian dollars

Your completion of this Authorisation Form helps us to protect you from Credit Card Fraud. All information on this form will be kept strictly confidential by Danford College.