

Credit Card Payment Authorisation Form

IMPORTANT: * Enrolment without complete payment information will not be accepted.

*For security reason signed form without photocopy of credit card will not be accepted.

Please select type of credit card

☐ **MASTER CARD**

☐ **VISA CARD**

☐ **BANK CARD**

I hereby authorise to debit from my credit card account the total amount of the required fee of AUD\$_____ for the total fees of the student below. (Note: A 2% surcharge will be added extra to the total fees). I further understand that a photocopy of this form with my signature on it is the same as an original:

Student's Name: _____
First Last

Student's Date of Birth: _____

Course Enrolled: _____

Cardholders Name (please print): _____

Bank Name: _____

Card Number: _____

Expiry Date (month/year): _____

Card Validation Code: _____

(last 3 digits at the back side of the credit card)

Signature: _____

Date (day/month/year): _____

Please email this form together with a copy of the front and back of the credit card to:

Melbourne Metro College
Attention to: Accounts Department
accounts@melbournemetrocollege.edu.au