## RTO No: 21870 CRICOS Provider Code: 02992E ABN: 39 122 778 563

## Level 3 118 Queen Street Melbourne VIC 3000

Telephone (03) 8395 0151 E-mail <u>info@RhodesCollege.vic.edu.au</u>

## **Credit Card Authorisation Form**

Please fill out the detain info@rhodescollege.vi	ils as indicated below and hand it over c.edu.au	r to the finance department or email to		
SID	Student Name			
Card Holders Name: (Exactly as it appears o	on the card)			
Card No:				
Expiry Date:				
CCV2: (see below)				
Card Type:	Visa [ ] MasterCard [ ]			
Tuition Fee/Other Invo	ice Details:			
A surcharge of 1.5% fow will apply.	or Visa and MasterCard credit cards; a	and 2.5% for American Express credit card		
		e to debit the above card for an amount of		
\$	_			
Card holder's signature	e:			
Date:				
	ure space in the back of the card. Ple	e on the back. It is always the last group of ease keep in mind that it is NOT part of your		
Office Use Only:				
Is the payment approved?		Is the Outcome Communicated to the student?		
Payment Processed I	Зу:	Date Processed:		

Credit Card Authorisation Form	Version: 15.0	Issue Date: 06 July 2023	Review Date: 01 July 2024
Managed By: Manager Student Administration		Authorized By: CFO	Page 1 of 1