RHODES COLLEGE

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 info@RhodesCollege.vic.edu.au

Credit Card Authorisation Form

Please fill out the details as indicated below and hand it over to the finance department or email to info@rhodescollege.vic.edu.au

SID_____ Student Name_____

Card Holders Name: _____
(Exactly as it appears on the card)

Card No: | | | | | | | | | | | | | | | | | | | |

Expiry Date: | | | | |

CCV2: (see below) | | | |

Card Type: Visa [ ] MasterCard [ ]

Tuition Fee/Other Invoice Details: _____

A surcharge of 1.5% for Visa and MasterCard credit cards; and 2.5% for American Express credit card will apply.

I authorise Queens Group Pty Ltd trading as Rhodes College to debit the above card for an amount of $ _____

Card holder's signature: _____

Date: _____

CVV2: Three-digit numbers printed in the signature space on the back. It is always the last group of numbers in the signature space in the back of the card. Please keep in mind that it is NOT part of your regular credit card number.

Office Use Only:

Is the payment approved?

Is the Outcome Communicated to the student?

Payment Processed By:

Date Processed: