

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:

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Expiry Date:

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CCV2: (see below)

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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:

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Managed By: Manager Student Administration	Authorized By: CEO		Page 1 of 1