CREDIT CARD AUTHORISATION FORM

Please print neatly in BLOCK LETTERS using BLACK INK.

STUDENT INFORMATION

Course Name: [   ]   Campus: [   ]

Last name: [   ]   First name: [   ]

CREDIT CARD DETAILS

Name on Card: [   ]   Visa ☐   Mastercard ☐

Card Number: [   ]

Expiry Date (dd/mm/yy): [   ] / [   ] / [   ]

CVV (Card Verification Value found on the back of the card): [   ]

Card Holder Contact No.: [   ]

Please note:
An additional fee of 0.62% (surcharge) applies to all credit card payments.

I, [   ], hereby authorise

International College of Queensland

to debit the amount of AUD [   ] from my credit card.

Please email this form to admin@studyinqld.com.au

Card holder
signature: _____   Date: (dd/mm/yy) [   ] / [   ] / [   ]