



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@studyingld.com.au

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



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