

## **Credit Card Payment Authorisation Form**

**IMPORTANT:** \* Enrolment without complete payment information will not be accepted.

\*For security reason signed form without photocopy of credit card will not be accepted.

**Please select type of credit card**

**MASTER CARD**

**VISA CARD**

**BANK CARD**

**I hereby authorise to debit from my credit card account the total amount of the required fee of AUD\$\_\_\_\_\_ for the total fees of the student below. (Note: A 2% surcharge will be added extra to the total fees). I further understand that a photocopy of this form with my signature on it is the same as an original:**

Student's Name: \_\_\_\_\_  
First Last

Student's Date of Birth: \_\_\_\_\_

Course Enrolled: \_\_\_\_\_

Cardholders Name (please print): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date (month/year): \_\_\_\_\_

Card Validation Code: \_\_\_\_\_

(last 3 digits at the back side of the credit card)

Signature: \_\_\_\_\_

Date (day/month/year): \_\_\_\_\_

**Please email this form together with a copy of the front and back of the credit card to:**

**Sydney Metro College**  
**Attention to: Accounts Department**  
[accounts@sydneymetrocollege.edu.au](mailto:accounts@sydneymetrocollege.edu.au)