



CREDIT CARD AUTHORISATION FORM

STUDENT INFORMATION	
Student ID:	USI Number:
Course Code and Name:	
Last Name:	Given Name:
Date of Birth(DD/MM/YY):___/___/_____	Mobile Number:

CREDIT CARD DETAILS	
Name on Card:	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Card Number:	
Expiry Date(DD/MM/YY):___/___/_____	CVV: <small>(Card verification value found at the back of the card)</small>
Card Holder Contact Number:	

Please note: An additional fee of 3% (surcharge) applies to all credit card payments.

I,, hereby authorise Vibe College to debit the amount of A\$.....from my debit/credit card.

- Once off Debit for the amount of \$.....
- Regular amount of \$.....to be debited everyfor.....
Starting.....

Signature of Card Holder: **Date (DD/MM/YY):** ___ / ___ / ___

Student Signature: Date: (DD/MM/YY) ___ / ___ / ___

Please email this form to accounts@vibecollege.edu.au Or submit it to the College reception

OFFICE USE ONLY:

Application Received:		Application Processed:	
Received by:			
Processed by:			
Signature :			

VIBE COLLEGE