



Credit Card Authorization Form

To Whom It May Concern:

This is to certify that I.....

D.O.B: *dd / mm / yyyy* give authority to South Sydney College to charge my credit card for payment:

Credit Card Number:

Expiry Date: *mm / yy* CVC Number: *x x x*

I understand there is upto 4% surcharge for payments with credit cards. Charges depends on our credit card transaction provider (e.g. Paypal, Stripe) charges.

Amount being paid \$..... Surcharge: \$.....

Total amount to be debited is \$..... (Surcharge included)

This payment is made on behalf of:

Myself

Student Name: D.O.B:

SIGNATURE of Credit Card Holder: Date:

Note: Valid for visa and Mastercard only. American express and diners club not accepted.