



Credit Card Payment Authorization Form

Student Details			
First Name		Last Name	
Student Number		Date of Birth	
Email Address		Contact Number	
Agency Name	(if applicable)	Agency Contact Number	(if applicable)

Card Details	
Name on Card	
Credit Card Number	
Card Type	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Others (Please specify:_____)
Card Expiry	
CCV	Cardholder's Signature

If the student has different name from credit card holder, please provide the details of cardholder.

Cardholder's Name		Date of Birth	
Relationship to Student		Contact Number	

I hereby authorize ATQ College to debit my credit card for the amount of AUD \$_____.

Student Signature		Date	
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OFFICE USE ONLY	
Credit Card Payment Acceptance: <input type="checkbox"/> Approved <input type="checkbox"/> Refused (Reason: _____)	
Staff Name: _____	Signature: _____ Date of Transaction: _____
Letter of Offer Reference Number:	
Receipt Number:	