

## Credit Card Authorization Form

### To Whom It May Concern:

This is to certify that I.....

D.O.B: d d / m m / y y y y give authority to South Sydney College to charge my credit card for payment:

Credit Card Number:

Expiry Date: m m / y y CVC Number: x x x

I understand there is a 3% surcharge for payments with credit cards.

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.*