

## CREDIT CARD PAYMENT\* AUTHORITY

Email Back: [receipts@apc.edu.au](mailto:receipts@apc.edu.au)

This authority provides Australian Pacific College with the approval to debit the credit card account shown below:-

I, \_\_\_\_\_ authorise payment for student \_\_\_\_\_ as follows (plus applicable Credit Card Surcharge):

Amount (Australian Dollars):

A\$

*\*Surcharge applicable*

Card type:

- |                          |            |      |
|--------------------------|------------|------|
| <input type="checkbox"/> | Mastercard | 0.9% |
| <input type="checkbox"/> | Visa       | 0.9% |
| <input type="checkbox"/> | Amex       | 1.5% |

\* Please note that the Credit Card Surcharge will be added to the amount above. By signing below, you have acknowledged and authorized the payment of the Credit Card Surcharge.

Card Number      □□□□ - □□□□ - □□□□ - □□□□

Card Expiry      □□/□□    CVV    □□□□

Name on Card:

Cardholder's Signature

**You must also EMAIL a copy of**

1. **The front and rear of the credit card with the same signature on the card**
2. **Photo identification with evidence of matching signature (e.g. driver's license or passport)**

Date of Transaction:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date / Month / Year

**Office Use Only - Credit Card Payment Acceptance**

Student's Name: \_\_\_\_\_

Start Date:      \_\_\_\_/\_\_\_\_/\_\_\_\_

LOO Reference Number: \_\_\_\_\_

Processed by (staff): \_\_\_\_\_

Student Number: \_\_\_\_\_

Receipt#: \_\_\_\_\_

**HEAD OFFICE:**

Ground Floor, 189 Kent Street, Sydney NSW 2000  
Tel: (61 2) 9251 7000