

CREDIT CARD AUTHORISATION FORM

CHOOSE YOUR COLLEGE: Melbourne Metropolitan College Langford English College

To prevent any delays, please attach the completed authorisation form to the invoice(s) or application that require payment

Credit Card Details

Type of Card

(Please tick) Visa Master card

Card Number _____ / _____ / _____ / _____

Expiry Date ____ / ____

Cardholder Name _____

Payment Amount \$ _____

CVV _____

Please note a transaction fee of 2.2% will be applicable for this transaction.

I authorise Melbourne Metropolitan College (MMC)/ Langford English College to charge the amount stated above.

Cardholder Signature _____ Date ____ / ____ / ____

Itemised Details

Qty	Amount	Details	Total
	\$		\$
			\$

If the applicant/payer is not the cardholder, MMC / Langford English College might need to discuss this payment further. To facilitate this, please provide the contact person's information:

Name

Address

Mobile Number
