

Credit Card Authorization Form

CONFIDENTIAL

I, hereby authorize St Peter Institute to charge my
Credit-Card Account the amount of \$.....
For the following item/s, or on behalf of

.....

Visa

Master Card

Bank Card

Credit-Card No: VID Code:

Expiry Date:

Credit-Card Billing Address:

.....
Street Number and Name

.....
Suburb

.....
Postcode

.....
City

.....
State

.....
Country (if not Australia)

.....
Credit-Cardholder's Signature

.....
Date

OPTIONAL:

As Credit-Card holder, I also authorize the College to charge my Credit-Card Account for future fee payments approved by me. Yes No

Authorization valid until: Credit-Card holder's initials:

Your completion of this Authorization Form helps us to protect you from Credit Card Fraud. All information entered on this Form will be kept strictly confidential by the College.