TRINITY COLLEGE
THE UNIVERSITY OF MELBOURNE

CREDIT CARD AUTHORISATION FORM

Student Name: _____

Student Number: _____

Student Date of Birth: _____

Agent's Name: _____

Agent's Email / Contact phone number: _____

Parents should contact their bank <u>before</u> they return this form to ensure a large sum will be released in one transaction.

Type of Credit Card: Mastercard ☐   Visa ☐

Card No: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: _ _ / _ _

Amount: _____

Print Card Holder's Name: _____

Signature of Card Holder_____

Email or Fax to: registrations@trinity.unimelb.edu.au

Fax: +61 3 9348 7626

Phone: +61 3 9348 7512