



**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 **before** they return this form to ensure a large sum will be released in one transaction.

<b>Type of Credit Card:</b>	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
<b>Card No:</b>	____ / ____ / ____ / ____	
<b>Expiry Date:</b>	__ / __	
<b>Amount:</b>	_____	
<b>Print Card Holder's Name:</b>	_____	
<b>Signature of Card Holder</b>	_____	

Email or Fax to: [registrations@trinity.unimelb.edu.au](mailto:registrations@trinity.unimelb.edu.au)

Fax: +61 3 9348 7626

Phone: +61 3 9348 7512

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Foundation Studies · Trinity College · Royal Parade Parkville Victoria 3052 Australia

T: +61 3 9348 7130 · F: +61 3 9348 7627

E: [enquiries@trinity.unimelb.edu.au](mailto:enquiries@trinity.unimelb.edu.au) · Web: [www.trinity.unimelb.edu.au](http://www.trinity.unimelb.edu.au)