



**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.**

**Type pf Credit Card:**

Mastercard

☐

Visa

☐

Amex

☐

**Card No:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Expiry Date:**

\_\_ / \_\_

CVC/CCV \_\_\_\_

**Amount:**

\_\_\_\_\_

**Print Card Holder's Name:**

\_\_\_\_\_

**Signature of Card Holder**

\_\_\_\_\_

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

Trinity College . Royal Parade Parkville Victoria 3025 Australia

E: [registrations@trinity.unimelb.edu.au](mailto:registrations@trinity.unimelb.edu.au)

W: [www.trinity.unimelb.edu.au](http://www.trinity.unimelb.edu.au)

Please note, a surcharge will be applied as follows: Domestic Credit Cards 0.49%,  
International Credit Cards 2.8%, Amex 1.65%