



THE CENTRE OF EXCELLENCE

# CREDIT CARD AUTHORITY

## Instructions to Applicant's

- Please Email the completed form to [info@coe.vic.edu.au](mailto:info@coe.vic.edu.au) or
- in person Level 4, 406 Collins Street, Melbourne , VIC 3000

DATE	
STUDENT ID	
STUDENT NAME	
MOBILE NO	
Email Address	
PAYMENT AMOUNT	
NAME OF CARD HOLDER	

Reason for payment: *Please tick*      Tuition fees      Deposit for CoE

Payment frequency *Please tick:*

Once      Weekly      Fortnightly      Monthly

Card Type *Please tick:*

VISA      MASTER      Other .....

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry  /       CVV:

Card Holder Signature**	
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\*\* By inserting your name in the above signature field you authorise that all the above information are true and correct. This will be considered as your signature. A processing fee of 2% will be added to the total payment amount, when using credit or debit card options, including any debit card, MasterCard or Visa. This form is for THE CENTRE OF EXCELLENCE use only and is not to be used by external parties.