First Name:



CREDIT CARD PAYMENT FORM

Please submit your completed form to Wells International College or forward to info@wic.edu.au This form can be used for providing payment to Wells International College. Please note there will be a 1.5% credit card transaction fee applied based on the transaction amount. Minimum amount for credit card payments is \$50.00.

Last Name:								
Billing Address Line 1:								_
City:								_
State:								\exists
Postcode:								
Country:								
Phone number:								
Email:								
CREDIT CARD PAYMENT I authorise Wells Interna		o debit my credit	: card	d with the amoun	t shown ak	oove.		
Card Number:								
Credit Card Verification Number:	(The verification number is a 3 digits' number printed on the back of your credit card. It appears after and to the right of your credit card number.)					/	/	
Credit Card Type:	O MasterCard O Visa (1.5% Credit card to based on the							
Amount to be debited in AUD\$: (excluded the 1.5% fee)				Type of Payment (e.g. tuition fee)	t is for:			
I authorise Wells Interna	ational College t	o debit my credit	card	d with the amoun	t shown ak	oove.		
Cardholder's Name:								
Cardholder's Signature:								
FINANCE DEPARTMEN	T ONLY							
Receipt No:				nount in AUD\$: fter 1.5% Transac	tion fee)			
Payment Processed by	:		Da	te:		/	/	

FORM: FIN 04.001 Credit Card Payment Form