

CREDIT CARD AUTHORITY

	Student ID
Email	Mobile
BEING PAYI	MENT FOR: (Tick applicable box)
Tuition Fees	are being paid for (e.g: Term1, 2025)
Enrolment F	ees: AUD\$ Material Fees: AUD\$
Overseas St	udents Health Cover:
○1 year co	over for Single Cover
○ Single Co	over
Or specif	fic period months/weeks
Total Amount P	avable: AUD\$
	DD DETAIL.
CREDIT CAF	
IMAGTARCARA	
	○ Visa Expiry Date: ☐ / ☐ ☐
Card No:	
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Card No: Cardholder's Na Please charge A Cardholder's Sig ** There is 2% s Disclaimer: If the charged to the co IMC will not sto Please email yo	Expiry Date: / / AUD\$ to my Card gnature: Date: / / urcharge of total amount payable. is transaction is processed when and/or where DCC is not available the transaction will be credit card holder in AUD. re card details beyond the transaction date. ur signed form to admissions@imc.vic.edu.au
Card No: Cardholder's Na Please charge A Cardholder's Sig ** There is 2% s Disclaimer: If the charged to the co	Expiry Date: / / AUD\$ to my Card gnature: Date: / / urcharge of total amount payable. is transaction is processed when and/or where DCC is not available the transaction will be credit card holder in AUD. re card details beyond the transaction date. ur signed form to admissions@imc.vic.edu.au

Phone: +61 391 913 448 | Email: info@imc.vic.edu.au | Website: www.imc.vic.edu.au Credit Card Authority Form Version 2.0 | Last reviewed: Sep 2025 | Uncontrolled when printed

Address: Unit 1/61 Riggall Street, Broadmeadows, Melbourne, VIC, 3047, Australia