

# CREDIT CARD PAYMENT FORM

## For Elective Placement at the Royal Children's Hospital

**CREDIT CARD:** Please tick

- VISA  
 MASTERCARD  
 BANKCARD

I authorise The University of Melbourne to deduct \$AUD 800.00 (non-refundable) from my credit card as acceptance for the following elective placement that has been offered to me:

<b>NAME OF ELECTIVE STUDENT:</b>	
<b>NAME AS IT APPEARS ON THE CARD</b> (Please Print):	
<b>CARD NUMBER:</b>	— — — — / — — — — / — — — — / — — — —
<b>EXPIRY DATE:</b>	— — / — —
<b>AMOUNT PAYABLE TO :</b>	The University of Melbourne
<b>DURATION:</b>	4 Weeks
<b>DATES:</b>	
<b>AMOUNT :</b>	\$AUD 800.00
<b>SIGNATURE:</b>	
<b>DATE:</b>	

Please forward by mail, fax or email to:

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 Royal Children's Hospital  
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 Parkville Vic 3052 Australia  
 Tel: + 61 3 9345 5181  
 Fax: + 61 3 9345 6667  
 Em: [rch.elective@rch.org.au](mailto:rch.elective@rch.org.au)