

CREDIT CARD AUTHORISATION FORM

I authorise Stanley College to debit the following credit card for payment of tuition and other related fees for:-

STUDENT DETAILS

Student Name:
Student Number:
Course:

CREDIT CARD DETAILS

Cardholders Name:												
Credit Card Number:												
Credit Card Expiry Date:			/									
Card Verification Code (last 3 digits on back of card)												
Type of Card:	Visa / Mastercard											
Fees Payable: \$												
Add Credit Card Surcharge (2% of fees payable - above): \$												
Total Amount: \$												
Signature of Cardholder:												
Date:												

An official receipt will be forwarded once payment has been processed.