



CREDIT CARD PAYMENT FORM

| INFORMATION AND AUTHORISATION REQUIRED FOR CREDIT PAYMENT | | | | | | | | | | |
|---|-------------------------------|-----------------------------------|--------------------------------|--|--|--|--|--|--|--|
| STUDENT NAME: | STUDENT NUMBER: | | | | | | | | | |
| CREDIT CARD HOLDERS DETAILS | | | | | | | | | | |
| NAME: | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | |
| | | | | | | | | | | |
| TELEPHONE NUMBER: | CELL NO: | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | |
| ID/PASSPORT NUMBER: | | | | | | | | | | |
| DATE OF BIRTH: | | | | | | | | | | |
| CREDIT CARD DETAILS | | | | | | | | | | |
| BANK WHERE CREDIT CARD IS HELD: | | | | | | | | | | |
| CREDIT CARD NUMBER: | | | | | | | | | | |
| | | | | | | | | | | |
| EXPIRY DATE: | | | | | | | | | | |
| | | | | | | | | | | |
| M M Y Y | | | | | | | | | | |
| LAST THREE DIGITS ON BACK OF CARD (CVC): | | | | | | | | | | |
| | | | | | | | | | | |
| INDICATE WITH "X" WHERE APPLICABLE | | | | | | | | | | |
| <input type="checkbox"/> | STRAIGHT | | | | | | | | | |
| <input type="checkbox"/> | BUDGET | | | | | | | | | |
| IF BUDGET - STATE MONTHS | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| 6 | 12 | 18 | 24 | | | | | | | |
| COLOUR OF CREDIT CARD: PLEASE TICK APPROPRIATE BLOCK | | | | | | | | | | |
| <input type="checkbox"/> SILVER | <input type="checkbox"/> GOLD | <input type="checkbox"/> PLATINUM | <input type="checkbox"/> OTHER | | | | | | | |
| AMOUNT TO BE CHARGED: | | | | | | | | | | |
| R _____ | | | | | | | | | | |

AUTHORISED SIGNATORY

DATE:

PLEASE NOTE:

1. PLEASE FAX OR EMAIL THIS INSTRUCTION TO (046) 603 7019 OR studentfees@ru.ac.za.
2. WE CAN ONLY PROCESS THIS TRANSACTION IF ALL THE INFORMATION REQUESTED IS PROVIDED