



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