


AUTHORISATION FOR PAYMENT BY CREDIT CARD

Student Name: _____ Student ID Number: _____

Amount (NZ dollars): \$ _____

Credit Card Type:   

Card Holders Name: _____

Credit Card Number:

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Expiry Date: _____

Card Holders Signature: _____

Please return this form to: Student Finance
Lincoln University
P.O. Box 85094
Lincoln University
Canterbury
New Zealand

Fax: (64) (3) 325 3867

Office use only

Receipt Number: _____