

CREDIT CARD AUTHORISATION FORM

I, _____ hereby authorise the Cave Hill School of Business to charge my

VISA Card

MASTER Card

Payment Amount: _____

Currency: _____

Participant's Payment Details

Participant's Name: _____

UWI Student ID#: _____ (Academic participants only)

Name of Programme: _____ Cohort: _____

In the space below, clearly outline the reason for payment – deposit, registration fee, tuition installment, re-sit fee etc.

Card Holder's Details (exactly as they appear on the credit card)

Card holder's name: _____

Card number: _____

Card expiration date: ____/____ (mm/yyyy)

Billing Address: _____

Tel: _____ (h) _____ (c) _____ (w)

Card holder's signature: _____ Date: _____

PLEASE EMAIL COMPLETED FORM TO: chsb@cavehill.uwi.edu. Thank you!