

## CREDIT CARD AUTHORISATION FORM

Please o	complete this form	sing CAPITAL LETTERS ONLY.	
Type of credit card:	MasterCard (Only these o	Visa rds are accepted)	
Student Name:		Student Numbe	r
Name on credit card:			
Credit card number:		Credit card expiry date:	
CVV (3-digits at the back	of the card		
Amount to be debited:	NZD\$	Other currency:  (Note some currencies may not be rec	cognized on the system)
<ul> <li>I give permission for New Z credit card as detailed on the lacknowledge that a 2,25</li> </ul>	his form.	Centres to charge the above pply.	amount from my
Signature of credit card ho	lder:	Date:	
			/

Please send this form to us by email to NZLC or Call us on +64 9 303 1962 (and we can process over the phone)