**Credit/Debit Card Authorisation Form**

**Please complete, sign and email this form to: admissions@newcollegegroup.com**

Student Name:

Student ID Number:

Cardholder Name:

Card Type:

Card Number:

Expiration Date (mm/yy):

Security Code:

Amount in pounds/euros:

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***I hereby authorise the above amount to be applied to the credit card (applicable sales tax and service charges may apply) 3% bank charge will be added to all overseas cards. I understand that further payments may be made if required.***

**By ticking this box, you agree to the above:**

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_