UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

**CREDIT CARD PAYMENT**

Name and Surname of Payer/ Student

Student Number (if applicable)

*I authorise Stellenbosch University to charge my credit card in payment of the fees as indicated below:*

In Payment of:          Student account ☐          US Loan ☐          Other _____

Please Specify

Method of Payment          ☐ Mastercard          ☐ Diners Club          ☐ Visa          ☐ American Express

Name of Cardholder

ID Number of Cardholder

Credit Card Number

CVC or CVS Number (3 or 4 digits on back of card)          Expiry date

Address of Cardholder

Postal/Zip Code

Telephone number

Cellphone number

Email Address

Amount          R

**I agree that my choice to use my credit card as a payment method is at my own risk. I accept that Stellenbosch University will take all reasonable steps to ensure that the information provided in this form remains confidential but that Stellenbosch University, its employees or agents will not be liable in any manner whatsoever for any loss or damage I may suffer as a result of using this payment method. I undertake not to hold Stellenbosch University liable for any loss or damage except in the event of such loss or damage being caused by or is a result of fraud on the part of an employee or agent of Stellenbosch University.**

Signature of Cardholder _____          Date

Y     Y     M     M     D     D

| **FOR OFFICE USE** |
|---|
| Date Received |
| Date Processed |
| Batch Number |
| Reason for rejection |
| Processed by: |

Authorisation code _____

Print Name _____          Signature _____