

# CREDIT CARD AUTHORISATION



**SHAFSTON**  
www.shafston.edu

Please complete all fields. You may cancel this authorisation at any time by contacting us. This authorisation will remain in effect until cancelled.

**CARD TYPE:**  Master  Visa  Union Pay

**NAME OF CREDIT CARD HOLDER:**  
(as appears on card)

**CARD NUMBER:**

**EXPIRY DATE:**

**CVV NUMBER:**

I, the credit card holder, hereby authorise Shafston International College to charge my credit card above for agreed upon purchases. I acknowledge and agree that my details may be retained on file by Shafston International College.

**SIGNATURE:**

**DATE:**

**Important note:**

Credit card payments may incur an additional surcharge per transaction depending the type of credit card used.

**Surcharge:**

UnionPay: 1.9000% Visa: 0.8800% MasterCard: 0.4400%

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