

# CREDIT CARD PAYMENT AUTHORISATION FORM



PSB Learning

## Payment Details

Name of Participant	Course Title	Course Start Date

Amount					
\$					
\$					
\$					
\$					
\$					
\$					

**TOTAL AMOUNT**

Credit Card Type     **Visa**                       **Master**  
*(Please tick accordingly)*

Cardholder Name      
*(as shown in credit card)*

Card Number         -  -  -

Card Expiry          -   
*(mm-yyyy)*

I hereby authorize TUV SUD PSB Learning Pte Ltd to charge to my credit card (details above) indicated in this authorisation form.

\_\_\_\_\_  
**Signature of Card Holder**

\_\_\_\_\_  
**Date**

