

**Student Finance**

T +64 3 423 0000  
E [studentfinance@lincoln.ac.nz](mailto:studentfinance@lincoln.ac.nz)  
PO Box 85094, Lincoln University  
Lincoln 7647, Christchurch, New Zealand

[www.lincoln.ac.nz](http://www.lincoln.ac.nz)



## Authorisation for payment by credit card

Student name: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Amount (NZ dollars): \$ \_\_\_\_\_

Credit card type:  Visa  MasterCard  American Express

Cardholder's name: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Please return this form to:

Student Finance  
Lincoln University  
PO Box 85094  
Lincoln University  
Lincoln 7647  
Christchurch  
New Zealand

**Fax:** +64 3 325 3867

**Email:** [studentfinance@lincoln.ac.nz](mailto:studentfinance@lincoln.ac.nz)

---

Office use only:

Receipt number: \_\_\_\_\_