



Fiscal Services Department
H. Lavity Stoutt Community College
Tortola, British Virgin Islands VG1110

CREDIT CARD AUTHORISATION FORM

Name on the Credit Card

Phone Number

Email Address

Credit Card Number

Expiration Data

CVV Code

Type of Card

MasterCard

Visa

I _____, authorize HLSCC to charge the above referenced card for agreed upon transactions.
I understand that my information will be saved to file for future transactions on my account.

Customer's Signature

Date