



CASHIERING & ACCOUNTS RECEIVABLE DEPARTMENT
FINANCE DIVISION

CREDIT CARD AUTHORISATION FORM

I hereby authorized SIM University to charge the following fee to my credit card.

My credit card details are as follows:

Card No. :

Expiry Date : M M Y Y VISA MASTER

Cardholder Name : _____

Contact No. : _____ Total Payable : S\$ _____

Payment Description : **ICSD 2015**

Signature : _____
(as per credit card)

Please email the completed signed form to: Ms Ann Nee Sai SaiAnnNee@sim.edu.sg