

# CREDIT CARD TERMINATION FORM

Original Copy Required

## Termination

- You need only fill in the shaded fields
- If any amendments are made, please countersign next to the amendment

## FOR APPLICANT'S COMPLETION (ALL FIELDS TO BE COMPLETED)

Date DD/MM/YY

Account Information	Official Use
Household ID (Debtor's Reference)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

To: Billing Organisation

**THE LEARNINGLAB EDUCATION  
CENTRE PTE LTD**

I wish to terminate my Credit Card authorization in respect of the above-mentioned Account with effect from

Date DD/MM/YY

Name (as it appears on the card)

Contact Number

Type of Card

Name of Bank

VISA     MASTERCARD   

Credit Card Number

Card Expiry Date (MM/YY)

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Name of Student(s)

Student ID

1.
2.
3.
4.
5.

1.
2.
3.
4.
5.

Cardholder's Signature

Date