



Higher Education Loans Board

Anniversary Towers
18th. Floor
P. O. Box 69489
00400-Nairobi
Tel: +254 02 246590/1, 251877
Fax: +254 020 252330
Email: creditcard@helb.co.ke
Http: www.helb.co.ke

KCB CREDIT CARD AUTHORITY FORM

Holder's name:

ID number:..... University registration No:.....

Mailing address: E-mail address

Telephone number:..... Mobile.....

Card type: Visa card Master card (tick to indicate type)

Card number: Expiry date:

Amount to be debited Kshs:.....

Amount in words.....

- a) I authorize you to debit my above mentioned card for the stated amount.
b) I authorize you to draw against my credit card the above sum, on the _____ (*Please chose either 5th, 10th, 25th or 30th*) day of every month commencing the month of _____ (To be filled for standing orders only)

Signature as used on card

Date:

Payment Instructions

1. Fill the form in capital letters and sign.
2. Scan/ Photocopy both sides (front and back) of your credit card, Kenyan national identification card or passport (page giving details of holder).
3. Email/Fax this form, duly completed, and the scanned/photocopied documents to creditcard@helb.co.ke or +254 020 252330