



P. O. Box 249
Corner Church & Central Streets
Basseterre, St. Kitts
Tel: (869) 465-2288/4041
Fax: (869) 466-3823

Credit Card Authorization Form

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

CVV (3 Digit number on back of Visa/MC): _____

Amount to charge: \$ _____ (USD)

Email: _____

I, _____ authorize **The Development Bank of St. Kitts and Nevis** to
(full name)

charge the agreed amount listed above to my credit card provided herein. This payment is for

_____. This authorization will begin on _____
(Loan a/c number) (Date)

and continue monthly thereafter until further advised.

Kindly sign and date and return via fax to #869- 466 – 3823 (only). Please note the Development Bank of St. Kitts-Nevis is not responsible for information sent via any other medium.

Also required is two (2) valid picture ID's one being your national ID and one other and also a copy of the front and back of the card from which the payment is being made. This Form along with all copies of Card and ID's must be notarized.

Signature _____

Date _____