



**AUTHORIZATION FOR
CREDIT CARD PAYMENT**

STUDENT INFORMATION (PLEASE COMPLETE SECTION IN FULL)

LEGAL FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE# _____ E-MAIL: _____

STUDENT NUMBER: _____

PAYMENT INFORMATION (CHECK ALL THAT APPLY)

Application Fee CAD \$225.00 (Non-refundable*)

Tuition Deposit of CAD \$1500.00 (Non-refundable*)

Tuition Deposit of CAD \$2500.00 (Non-refundable*)

Other Amount: \$ _____ For _____

TOTAL: \$ _____

**Please see International Refund Policy for details*

CREDIT CARD INFORMATION (VISA MASTER)

CARD NUMBER: _____ - _____ - _____

CARD HOLDER NAME: _____

EXPIRATION DATE: _____ CVC: _____

Signature

FOR OFFICE USE ONLY

DATE RECEIVED:

RECEIPT NO: