

Credit Card Authorization Form

Payment Information

Student/Group Name: _____

Purpose: ☐ Tuition ☐ Homestay ☐ Other: _____

Campus: ☐ Vancouver ☐ Toronto ☐ San Diego

Credit Card Information

Cardholder's Full Name: _____

Credit Card Number: _____	CVV Number: _____	Expiration Date: (MM/YY) _____
---------------------------	-------------------	--------------------------------

Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX (San Diego Only)	Total Amount: _____
---	----------------------------

Credit Card Authorization

I authorize the charge of my credit card for the amount stated above, plus a 3% administration fee.

Signature: _____

Date: (MM/DD/YY) _____