



CREDIT CARD PAYMENT FORM

Please Print

By signing this, I agree to pay the amount of C\$_____ with my credit card.

This fee is to pay the:

- Application Fee
- Tuition Fee
- Homestay Application Fee

Academic Year : _____

- Fall Semester
- Winter Semester
- Summer Semester

Student ID Number _____

Name of Student _____

Name of Card Holder _____

Credit Card No _____

Mastercard Visa

Expiry Date _____

Card Holder's Signature _____ Date _____