



# BRAEMAR COLLEGE

## CREDIT CARD PAYMENT AUTHORIZATION FORM

Card type (circle one):            M/C    VISA    AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name : \_\_\_\_\_

(exactly as it appears on the credit card)

Billing Address: \_\_\_\_\_

City/Country: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cardholder's Phone Number: (\_\_\_\_) - \_\_\_\_\_

Amount to be charged:            CAD \$. \_\_\_\_\_

3% Credit Card Surcharge:        CAD \$. \_\_\_\_\_ + (to be added)

Total Amount to be charged:    CAD \$. \_\_\_\_\_

(\_\_\_\_\_)

Date(s) authorized to charge credit card payments:    From: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment for Student: \_\_\_\_\_ (Full name of student)

Cardholder's Signature: \_\_\_\_\_

Cardholder's Name (PRINT): \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_