

CREDIT CARD AUTHORIZATION FORM

3405 Kennedy Road – Toronto, ON, Canada M1V 4Y3

www.alphacollege.ca finance@slc-alpha.ca



1. STUDENT INFORMATION					
Name				Student ID	
Program				Current Semester	
Address					
City		Province		Country	
Postal Code		Phone number		Email	
2. CREDIT CARD INFORMATION					
I authorize a one-time charge on my credit card for the following amount				\$	
<i>Note: There is a bank service charge for credit cards: 2% for Visa, MasterCard and other cards; 5% for AMEX</i>					
Credit Card Type	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Other:				
Card Holder Name					
Card Number					
Expiration Month		Expiration Year		Security Code	
Student Signature				Date	/ /
If the student is not the cardholder , please attach a photo of the FRONT and BACK OF THE CARD and fill the following:					
Relationship with cardholder		Cardholder's email		Cardholder's contact phone	
Cardholder's Signature				Date	/ /