



## Credit Card Authorization Form

For credit card payment, please fill out the form with all information and send it to the **Cashier's Office** at [cashiers@capilanou.ca](mailto:cashiers@capilanou.ca).

If you require a receipt, please contact the **Cashier's Office** directly.

Student's Name:	Today's Date:
Student Number:	Phone Number:
Cardholder's Name:	Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex <input type="checkbox"/> Other
Card Number:	Expiry Date:
Payment for  <input type="checkbox"/> Deposit \$ _____ <input type="checkbox"/> Tuition \$ _____ <input type="checkbox"/> Other (specify: _____) \$ _____  Total Amount \$ _____ CAD	
Signature	

Please allow 2-3 business days for the payment transaction to be reflected in your student account.