

CREDIT CARD AUTHORIZATION FORM

Name of Student	
Date of Birth	
Relationship to Card Holder	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Name on Card:
	Card Number:
	Expiry Date:
	Amount (+ 3.5% fee):
	Payment For:
	Pay To: Upper Canada Leger Centre for Education & Training

I authorize payment through the above noted credit card. I am aware that there will be a 3.5% additional fee for payment by credit card.

Signature: _____

Date: _____