



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT, COMPLETE, AND RETURN
ALL INFORMATION WILL REMAIN CONFIDENTIAL

STUDENT INFORMATION / PAYMENT FOR:

Full Name: _____ Date of Birth: _____
(PLEASE PRINT) DD / MM / YYYY

Mozaik #: _____ (Can be found on the offer letter, invoice & account statement)
(6 NUMBERS)

PROGRAM:

Elementary Secondary (High School)

Vocational Training

School Year: _____

Program: _____

Intake Date: _____

PAYMENT TO BE APPLIED TO:

Admin Fee Tuition Fee Change of Program / Deferral Fee

Other: _____

Amount to charge: \$ _____ CAD

CARDHOLDER INFORMATION:

Cardholder's name: _____

Billing Address: _____

Last four digits of the credit card: XXXX XXXX XXXX _____

I AUTHORIZE THE LESTER B. PEARSON SCHOOL BOARD TO CHARGE THE AMOUNT LISTED ABOVE TO MY CREDIT CARD.

I AGREE THAT I WILL PAY IN ACCORDANCE WITH THE ISSUING BANK CARDHOLDER AGREEMENT.

Signature of Cardholder: _____ Date: _____

ORIGINAL SIGNATURE REQUIRED

DD / MM / YYYY

~~(THE INFORMATION BELOW THIS LINE WILL BE DESTROYED FOR YOUR SECURITY)~~

Credit Card Type: VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____ / _____
MM YY

CVV Number (Card Verification Value): _____ (3 digits located on the back of the card)