

**CREDIT CARD PAYMENT DETAIL AUTHORIZATION FORM**

Please provide us with the following information as you have indicated you would like us to process your payment by credit card.

1. Student Name: \_\_\_\_\_
2. Algonquin Student Number: \_\_\_\_\_
3. Cardholder's Name: \_\_\_\_\_  
(as stated on your credit card)

I hereby authorize ALGONQUIN COLLEGE to charge:

Amount in Canadian dollars: \$ \_\_\_\_\_

on my credit card (check one)

( ) VISA ( ) MasterCard ( ) American Express

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

Expiry Date (MM/YY): \_\_\_\_\_

For the purpose of: \_\_\_\_\_

Tuition deposit (non-refundable) (\$ 95.00)      Airport pickup (\$ 80.00)

Residence fees (\$ \_\_\_\_\_)      Tuition fees (\$ \_\_\_\_\_)

Meal Plan Fee (\$ \_\_\_\_\_) Other: (\$ \_\_\_\_\_)

Signature of cardholder (as shown on your credit card)

\_\_\_\_\_ Date: \_\_\_\_\_