

Concordia University College of Alberta Credit Card Authorization Form



CONCORDIA
University College of Alberta
You can do that here.

FAX TO: 780-474-1933
ATTENTION: Student Accounts

Student's Name: _____

Student's ID Number: _____

Indicate below the type of payment and the amount you are paying; please refer to the fees section of the Concordia Calendar for fee amounts. Concordia processes all payments in Canadian (CDN) dollars.

Registration Deposit: _____ \$CDN

Tuition: Fall _____ Winter _____ \$CDN

 Spring _____ Summer _____ \$CDN

International Student Assessment Fee _____ \$CDN

Campus Residence:

 Security Deposit _____ \$CDN

 Residence Fees _____ \$CDN

 Declining-Balance Card for meals _____ \$CDN

Other (please specify) _____ \$CDN

TOTAL PAYMENT: _____ \$CDN

Credit Card Type: MasterCard VISA AMEX

Card Number: _____

Security Number: _____ (last 3 digits on back of card)

Expiry Date (month/year): _____

Cardholder's Name: _____

Cardholder's Phone Number: _____

Date Payment is to be Processed: _____

Photocopy the front and the back of the credit card and attach the photocopy to this fax.

I authorize Concordia University College of Alberta to process the transaction as indicated above:

Signature of Cardholder: _____ **Date:** _____

This fax message is confidential and may be privileged. Any unauthorized distribution, action, or disclosure is prohibited. Disclosure to anyone other than the intended recipient does not constitute waiver of privilege. If you have received this fax in error, please notify the sender and destroy it and any attachments.