Sunview College
Business | Technology | Healthcare

Credit Card Authorization Form

STUDENT INFORMATON

Last Name:	Student ID Number:
First Name:	
Relationship with Card Holder (if payee is other than student):	

AUTHORIZATION BY CREDIT CARD HOLDER

I, the holder of the under given Credit Card, hereby authorize Sunview College to charge this card, for the under given amount, being payment due from the under given student, for the following:

Application Fee ☐ Tuition Fee ☐ Other(specify):

CREDIT CARD INFORMATION

Visa / Mastercard	Card Number:
Name on Card:	
Card Expiry Date (mm/yyyy):	Security Code (3 digit code on back of card):

AMOUNT TO BE CHARGED

Date of Charge (dd/mm/yyyy):	Amount (in CAD$):

Credit Card Holder's Declaration

By signing below, I agree to the above specified amount to be charged for above mentioned student and assume complete responsibility of this transaction.

Credit Card Holder's Name:	
Signature:	Date:

Note: Please send photocopies of following documents along with this completed form to international@sunviewcollege.com:

1. Front and back side of Credit Card being charged (duly signed by card holder).
2. Valid Photo ID of the card holder (for proof of card holder signature).