

Pre-authorized credit-card payments - LaSalle College Vancouver

SEND YOUR COMPLETED DOCUMENTS TO THE EMAIL ID BELOW

studentfinance@lasallecollegevancouver.com

GENERAL INFORMATION

Student name: Student number:

PAYMENT AMOUNT

Payment	1	2	3	4	5	6	7
Date (DD/MM/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount in CAD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment	8	9	10	11	12	13	14
Date (DD/MM/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount in CAD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GENERAL CONDITIONS

As the holder of the credit card, I confirm that the information provided in this authorization is accurate and complete. I confirm that all persons whose signature is required for the credit card listed below have signed this authorization.

I may revoke this authorization at any time with 30 days written notice by contacting the Student Finance Services department. If the pre-authorized levy is cancelled, the full balance owed must be paid on the date identified on the enrollment agreement and financial plan directly to LaSalle College Vancouver. The cancellation of the pre-authorized levy does not cancel the services provided to you by LaSalle College Vancouver.

I must notify LaSalle College Vancouver, in writing, of any changes related to my credit card at least 30 days prior to the next pre-authorized payment.

SIGNATURE & AUTHORIZATION

Yes, I authorize LaSalle College Vancouver to charge pre-authorized payments on my credit card for the amounts and on the dates specified on this form. I have read and agreed to the general conditions cited above.

Name of the credit card holder

Signature Date

CREDIT CARD INFORMATION

Credit Card payment Information

Name of the credit card holder E-Mail of the credit card holder

Credit card: VISA Mastercard Amex

Credit Card Number Expiration (MM/YY) CVV

BILLING ADDRESS OF THE CREDIT CARD HOLDER

Apt. Number: Street Number: Street Name: City:

Province/State: Country: Postal Code/Zip Code: