

# PAYMENT AUTHORIZATION to CANADA COLLEGE

**CANADA COLLEGE**

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Please complete this form, print out and add your signature for your credit card payment. You can then scan and email it to *ielts@collegecanada.com* or fax it to **514 868 0869**

**Candidate Information:**

<b>First Name:</b>	<b>Address:</b>	
<b>Middle Name:</b>	<b>City:</b>	<b>Province:</b>
<b>Last Name:</b>	<b>Postal Code:</b>	<b>Country:</b>
<b>Email:</b>		

**CREDIT CARD INFORMATION**

<b>Credit Card Type</b>	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
<b>Credit Card No.</b>			
<b>Name on the Credit Card</b>			
<b>Expiry Date</b>	MM	YYYY	
<b>Amount in Canadian Dollars</b>	\$		

I understand that in the following circumstances a \$25 service fee will be applied if: - Credit card is not authorized for the above amount. - Credit card information is incorrect or invalid expiry date.

I authorize Canada College to charge my credit card for the above mentioned amount.

DD / MM / YYYY

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Date Signature