



Credit Card Authorization Form

****Must be Faxed to 905-735-2413****

Date: _____

Name of Student: _____

Student ID#: _____

Home Address: _____

Amount Paid : _____

Credit Card #: _____

Expiry Date: _____ / _____

Card Type: M/C

Visa American Express

CSV: _____ 3 Digits from back

Name of Cardholder: _____

Address: _____

Telephone #: _____

Email (Where to send receipt): _____

By completing this form I authorize Niagara College to charge my credit card as indicated for the above student and said amount.

After completed, please print this form and add your signature:

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