CANADIAN COLLEGE of **PERFORMING ARTS**

Automatic Credit Card Payment Authorization Form

Student Name: _____ Payment Plan: _____

Please select all account charge categories you would like to pay automatically by credit card.

☐ **AVAILABLE FOR PLAN C & E:** I authorize the Canadian College of Performing Arts to automatically charge the following Credit Card number for all tuition, in the amount and on the date, as per the payment plan selected. **Please Note: In the event that the due date falls on a weekend or holiday, payments will be processed on the next business day.**

☐ **AVAILABLE FOR ALL PLANS:** I authorize the Canadian College of Performing Arts to automatically charge the following Credit Card number for all mandatory fees, in the amount and on the date, as per the payment plan selected. **Please Note: In the event that the due date falls on a weekend or holiday, payments will be processed on the next business day.**

☐ **AVAILABLE FOR ALL PLANS:** I authorize the Canadian College of Performing Arts to automatically charge the following Credit Card number for all incidental charges incurred on a Student Account automatically at the end of each term (December and April).

Name of Card: _____

Credit Card Number: _____

Expiry Date (MM/YY): _____ Security Code: _____

Signature: _____ Date: _____

THIS AGREEMENT IS VALID FOR 1 YEAR AFER SIGNING DATE AND CAN BE CANCELLED AT ANY TIME BY CONTACTING THE FINANCE OFFICE.

FOR OFFICE USE ONLY:	
Received By: _____	Date: _____
Amount: _____ Date: _____ Initial: _____	Amount: _____ Date: _____ Initial: _____
Amount: _____ Date: _____ Initial: _____	Amount: _____ Date: _____ Initial: _____
Amount: _____ Date: _____ Initial: _____	Amount: _____ Date: _____ Initial: _____
Amount: _____ Date: _____ Initial: _____	Amount: _____ Date: _____ Initial: _____
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