



CREDIT CARD AUTHORIZATION FORM

STUDENT INFORMATION				
STUDENT NAME			STUDENT MCGILL ID	
EMAIL ADDRESS			PHONE NUMBER	
RELATION TO OWNER	PARENT	SPOUSE	EMPLOYER	OTHER
PROGRAM	INTENSIVE ENGLISH (IELC)		INTENSIVE FRENCH (IFLC)	
TERM	FALL (F-1)	WINTER (H-1)		SUMMER (S-1)
	FALL (F-2)	WINTER (H-2)		SUMMER (S-2)
YEAR	AUTHORIZED AMOUNT (CAD)		\$	

CARDHOLDER INFORMATION				
NAME ON CARD				
CARD TYPE	VISA	MASTERCARD	AMEX	
CARD NUMBER			EXPIRATION DATE	
BILLING ADDRESS				
CITY	PROVINCE	POSTAL CODE		
PHONE	EMAIL ADDRESS			

AUTHORIZATION OF CARD USE

I hereby authorize McGill University's School of Continuing Studies to collect payment for all charges as indicated above. Charges may not exceed the amount listed in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "TERM" and "YEAR" referenced above. If additional charges are required a new form will have to be completed.

I acknowledge that by submitting this payment the funds will be transferred to the aforementioned student's account, and will be considered the student's property for the purpose of admission or registration to the School of Continuing Studies' programs and courses.

I confirm that I am the authorized holder and signer of the credit card referenced above. I certify that all the information above is complete and accurate.

CARDHOLDER NAME			
SIGNATURE		DATE	