

## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS FORM AND RETURN TO THE OFFICE.

Credit Card Type (Please check):  VISA  MasterCard

Credit Card Number:

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Expiration Date: \_\_\_\_\_

CVV Code (the last three digits located on the back of your credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Post/Zip Code: \_\_\_\_\_

Tuition Amount to Pay: CAD\$ \_\_\_\_\_ Semester: \_\_\_\_\_

### Payment Details:

Student/custodian/parent Name: \_\_\_\_\_

Student/custodian/parent ID: \_\_\_\_\_ (If the student have not received an ID yet, please write the student date of birth in DD/MM/YYYY format)

Other Payment Description: \_\_\_\_\_

I \_\_\_\_\_ (card holder) hereby represent that I have the authority to execute this credit card authorization and agree that this authorization will be effective on the date signed below. I authorize Yorkville High School to charge the agreed amount as listed above to my credit card provided herein. I understand and consent to the use of my credit card without my signature on the charge slip, that a scanned copy or fax of this agreement will serve as an original, and this Credit Card Authorization cannot be revoked.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Once signed please, return this completed form to:

Ficus Education Inc.  
30 Drewry Ave., North York, ON M2M 4C4  
Tel: 4162505222

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\*All information will remain strictly confidential. Your payment will be processed one time, then this form will be securely disposed. \*We will never store this form on file.