

**IELTS™****PAYMENT AUTHORIZATION FORM FOR ADDITIONAL SERVICES**

1. Complete the form below and submit to ieltsinfo@bowvalleycollege.ca.
2. After you have submitted the form, please call our office with your credit card information to make the payment. 403.410.1700
3. Your request will not be completed until full payment has been received.

CANDIDATE NAME: _____**CANDIDATE PHONE:** _____**CANDIDATE EMAIL:** _____**REQUEST DATE:** _____

SERVICE REQUESTED	COST*	
Additional Test Request Form	\$21.00 CAD ea	
Enquiry on Results	\$168.00 CAD	
Test Cancellation	\$73.50 CAD	
Test Rescheduling	\$31.50 CAD	
TOTAL COST*		CAD

*Cost includes applicable taxes.

Payment will be made by:

☐ VISA ☐ MastercardI, _____ (*first and last name*) hereby authorizeBow Valley College to charge \$ _____ CAD (*total cost*)to my credit card ending in _____ (*include only last 4 digits*).**SIGNATURE OF CARD HOLDER:** _____**DATE:** _____Submit completed form to ieltsinfo@bowvalleycollege.ca.**IELTS, BOW VALLEY COLLEGE**

403-355-1909 main

403-297-4070 fax

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