

INTERNATIONAL EDUCATION
CREDIT CARD PAYMENT AUTHORIZATION



***** ENCLOSE ESTIMATE/INVOICE WITH PAYMENT AUTHORIZATION *****

Please return completed form to International Education

E-mail: international@bowvalleycollege.ca

Fax: 403-297-3984

Date:

Student:
last name first name

ID No.:

Credit Card: Visa Mastercard

Credit Card No.:

Expiry Date: Amount: Security Code:

Card Holder: *

Card Holder Signature:

Payment for Term(s)/Semester:

Program:

*The card holder is:

the student

student's acquaintance

relationship

FOR OFFICE USE ONLY

INTERNATIONAL EDUCATION
332 - 6 Ave. S.E.
Calgary, Alberta
T2G 4S6