

Credit Card Authorization Form



11.0 CREDIT CARD AUTHORIZATION

NAME OF STUDENT: _____

NAME OF PARENT/GUARDIAN: _____

CREDIT CARD INFORMATION

☐ VISA ☐ Mastercard

NAME OF CARD HOLDER: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

AMOUNT IN CAD FUNDS: _____

CARDHOLDER
SIGNATURE: _____

DATE: _____ (DD/MM/YYYY)

"I authorize Louis Riel School Division to debit the above total amount to my credit card."

**FEE PAYMENTS SHALL BE MADE BY CERTIFIED
CHEQUE, OR VIA ELECTRONIC TRANSFER TO THE
SCHOOL DIVISION'S ACCOUNT:**

ROYAL BANK OF
CANADA LOUIS RIEL
SCHOOL DIVISION
BANK CODE # 003, TRANSIT #
00007 ACCOUNT # 101-887-8
SWIFT CODE:

If you require clarification or further information, please do not hesitate to contact me directly at 204-257-7827. Thank you for your attention in this matter.

Sincerely,



Monèle Schrot, Program
Administrator International Student
Program