



## Comox Valley International Student Program

805 Willemar Ave, Courtenay, BC, Canada V9N 3L7

T +1.250.703.2904 | F +1.250.897.1496 | E [isponline@sd71.bc.ca](mailto:isponline@sd71.bc.ca)

[www.StudyInBritishColumbia.com](http://www.StudyInBritishColumbia.com) | [f /StudyComoxValley](https://www.facebook.com/StudyComoxValley)

### PAYMENT OF FEES FROM CREDIT CARD (VISA OR MASTERCARD)

DATE: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

CREDIT CARD TYPE (VISA OR MASTERCARD): \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ CREDIT CARD HOLDER'S NAME: \_\_\_\_\_  
(Exactly as it appears on the credit card)

CVC# (3 or 4 digit number on the back of the card by the signature panel): \_\_\_\_\_

**AMOUNT TO BE CHARGED:** \_\_\_\_\_ (+ 4% service charge)

CREDIT CARD BILLING ADDRESS – Number, Street, Apartment No.

\_\_\_\_\_

City/Town	Prov./State	Country
_____	_____	_____

I authorize the Comox Valley International Student Program to withdraw from my credit card the above noted payment for student: \_\_\_\_\_  
(print student name)

There will be a 4% Service Charge added to the total amount charged.

\_\_\_\_\_  
Signature of Cardholder