

## Client Credit Card Authorization Form

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance for your convenience.

CHARGE POLICY

**ONE/FIRST TIME PAYMENT:**

\_\_\_\_\_  
 (Initial) I hereby authorize **Canadian Career Education College** to charge the balance currently due for the amount of \$\_\_\_\_\_.

**FUTURE PAYMENTS:**

\_\_\_\_\_  
 (Initial) I hereby authorize \_\_\_\_\_ N/A \_\_\_\_\_ to charge the balance due each month. Payment will be processed on the \_\_\_\_\_ each month for prior month fees.

\_\_\_\_\_  
 (Initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.



PAYMENT INFORMATION

Student Name: \_\_\_\_\_

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

Type of Card:     **VISA**             **DISCOVER**                          **AMERICAN EXPRESS**

Card Number: \_\_\_\_\_  
\* Per PCI Compliance guidelines, the last 4 digits may be recorded for verification purposes

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_