

Cardholder Letter of Acceptance/Verification of Charge

To,
The Merchant Services Chargeback Department 2630
Skymark Ave
Suite 500-Box 17
Mississauga, ON L4W 5A4, CAN

Delivered Via Email

Student Name or Ref #		
Last four digits of Credit card #		
Three Digit Sec	curity Code # from the back	of the card:
Transaction Amount:		CAN
Transaction Date:		
Card Holder's	address associated with the	e card:
St. #,	St. Address:	
City,	Province:	Country,
Postal Code:_		
l,	hereby release funds	
(Cardholde	er's Name)	
to Canadian Ca	reer Education College as	I am in full acceptance of this transaction.
(Cardholder's Sigr	nature)	 (Date)