

4805 Kingsway, Burnaby British Columbia, V5H 4T6, Canada Tel. 604-435 5815 Fax. 604-435-5895

## **CREDIT CARD PAYMENT AUTHORIZATION**

I wish to submit a payment in the amount of \$	to Alexander Co	llege.
Student Name:		
Student ID # (if known)		
Method of payment: Credit Card		
Card Type: ☐ Visa ☐ MasterCard ☐ American Exp	press	
Cardholder Name:		
Credit Card #:		
Expiry Date:		
CARDHOLDER SIGNATURE:	DATE	