

# Credit Card Authorization Form

If the applicant listed below is using Interact for payments do not complete this form. If the applicant prefers to pay by credit card complete this form.

APPLICANT/STUDENT INFORMATION		
First Name	Middle Name	Last Name
Date of Birth (MM/DD/YYYY)	Telephone Number	Email Address
Permanent Address		
Unit Number	Street Number	Street Name
City	Postal Code	Province
CREDIT CARD INFORMATION		
Card type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Name as it appears on card		
Card Number	Expiration Date (MM/YY)	CVV
Billing Address – if different from above		
Unit Number	Street Number	Street Name
City	Postal Code	Province
PAYMENT TERMS & CONDITIONS		
<p>I understand that my credit card will be charged automatically one business day before the start of the course, as outlined in the contract, and thereafter based on the agreed-upon tuition or course fee schedule.</p> <p>I acknowledge that I am responsible for ensuring sufficient funds are available at the time of each scheduled payment.</p> <p>If a payment is declined, I understand that I may be subject to late fees and possible suspension from the course until payment is received.</p> <p>I agree to notify Health and Safety Management College of any changes to my credit card information or if I wish to revoke this authorization in writing at least 5 days before the next scheduled payment.</p> <p>I understand that all payments are non-refundable except as stated in Health and Safety Management College's refund policy.</p>		
Signature of Applicant	Printed Name of Applicant	
	Signed on the Date of (MM/DD/YYYY)	