

Credit Card Payment Authorization Form

Submission Instructions:

Submit your request in person at the **Fanshawe College Bookstore**, in F Building Campus (Room F1002 or fax the completed and signed form to (519) 452-4229 *Use this form for Bookstore/Clothing store transactions only*

Student 's First and Last Name

Printed Name of Cardholder's Name (as it appears on the card)

Cardholder's Phone

Cardholder's Email

I authorize Fanshawe College to charge (amount in Canadian dollars)

\$ _____

to the following credit card account:

Type of Card (check one): Mastercard Visa

Credit Card Number: ____ - ____ - ____ - ____ Expiration Date (MM/YYYY): _____

Credit Card Verification Code*: _____ **The credit card verification code is a three digit number printed on the back of your credit card.*

Credit Card Billing Address: _____

Student Card Number _____

Cardholder's Signature: _____ Date: _____

*** Please ensure that this form is completed in full. Missing/incorrect information may result in processing delays. Payment is considered "received" only once a fully completed form has been processed.*



Please check one: [insert type of payment (i.e. application fee)]

Other: _____

Received by (staff name): _____

Date received: _____