

Date Processed: 

Columbia College Accounting Department Credit Card Billing Authorization Form

| CREDIT CARD BILLING INFORMATION | | | |
|---|--|-----------------|--------------------------------|
| Student Name | | | |
| Authorized by | | | |
| Credit Card Type | <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express | | |
| Cardholder Name | | | |
| Credit Card Number | | | |
| CVC Number* | | Expiration Date | |
| Cardholder Billing Address | Address | | |
| | City | Province | Postal Code |
| Cardholder Phone Number | | | |
| E-mail Address (for receipt purposes) | | | |
| PAYMENT OPTIONS (Please select one of the following payment options.) | | | |
| | | | \$ Amount & Initial |
| Once | Bill my credit card once for the following amount | | |
| | Please apply this payment to the following program/expense | | |
| Monthly | Bill my credit card once per month for the amount of service provided | | |
| <p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated at Columbia College's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to accounting@columbia.ab.ca.</p> <p>Changes in the status of this card can also be reported to accounting@columbia.ab.ca.</p> <p>IT IS THE STUDENT'S RESPONSIBILITY TO NOTIFY THEIR ADMISSION ADVISOR OF ANY CHANGES TO THE FEE PAYMENT SCHEDULE.</p> | | | |
| Cardholder's Signature | | Date | |