



STOUFFVILLE COLLEGE

BUSINESS – TECHNOLOGY – HEALTH CARE

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CREDIT CARD AUTHORIZATION FORM

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I AM PAYING FOR: (Check all applicable boxes) NOTE: All fees are payable in Canadian Dollars	<input type="checkbox"/> Registration Fee (\$250) <input type="checkbox"/> Accommodation Letter (\$100) <input type="checkbox"/> Courier (\$65) <input type="checkbox"/> Tuition Deposit (\$____) <input type="checkbox"/> Accommodation Deposit (\$____) <input type="checkbox"/> New College Letters (\$100) Total Payment: _____
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I hereby authorize Stouffville College to charge my credit card for the above-mentioned amount:

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