

Veritas School
4836 Straume Avenue
Terrace, BC V8G 4G3
(250) 635-3035
Email: veritas@cispg.ca

Credit Card Tuition Payment Form

Payor Information:

Address: _____

Home Phone Number: _____

Cell Phone: _____

Email: _____

Credit Card Information	
Please Check One:	Visa <input type="checkbox"/> Mastercard: <input type="checkbox"/>
Card Number:	_____
Expiration Date:	_____/_____ _____
Name on Card:	_____ _____

Tuition Payments

Please charge for my regular tuition payments on the (check only one):

1st of the month

15th of the month

Amount to be charged: \$ _____

By signing below, I, _____, authorise Veritas School to charge my credit card on the dates I have indicated above.

Name: _____

Signature: _____

Date: _____

Cancellation/Change Policy

I also understand that if I wish to change any payment amounts or dates, I must cancel this agreement and create another. Any changes made will come into effect the date of signing of the new agreement.