Immaculate Conception School
3285 Cathedral Avenue
Prince George, BC V2N 6R4
(250) 964-4362
Email: nforseille@cispg.ca

Credit Card Payment Pre-Authorization Form

Payor Information: _____

(Full Legal Name Including Middle Initial/s)

Student's Name: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Email: _____

Credit Card Information	
Please Check One:	Visa☐ Amex☐ Mastercard☐
Card Number:	
Expiration Date:	_____ / _____
Name on Card:	

Tuition Payments

☐ 1st of the month ☐ 15th of the month Amount to be charged $_____ or current rate

☐ I authorize all school Fall Fees to be charged to this account with the first tuition payment

☐ I authorize my PPP Fee to be charged to this account with the first tuition payment

After School Care Payments

☐ last day of the month Amount to be charged $_____ or current rate

By signing below, I, _____, authorize IC School to charge my credit card on the date(s) I have indicated above. Please note, if payment dates fall on a weekend or statutory holiday, the payment may not process until the following business day.

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.