

Immaculate Conception School  
3285 Cathedral Avenue  
Prince George, BC V2N 3Z2  
(250) 964-4362  
Email: hpittet@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):

1<sup>st</sup> of the month

15<sup>th</sup> of the month

Amount to be charged: \$ \_\_\_\_\_

By signing below, I, \_\_\_\_\_, authorise Immaculate Conception 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.