

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

Credit Card Tuition Payment 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

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

15th of the month end of 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.