

Credit Card Authorization Form

(Visa and MasterCard Only)

Customer (Student) Name: _____

E-Mail Address: _____

***Please provide your e-mail address to send the official receipt.

Amount in CAD\$: _____

Convenience Fee of 3%: _____

Total Amount Charge: _____

Credit Card Number (Visa or MasterCard Only):

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Name on the Card: _____

Expiration Date (MM/YY): _____ / _____ 3 Digit Security Code (CVV): _____

(3 numbers at the back of the credit card)

By signing this form, you authorize Toronto Student Services Provider (TSSP) to charge your card for the amount listed above.

Cardholder Signature: _____ Date: _____

Important: Please send the completed form together with the copy of the credit card (front & back) and one (1) Identification Card (I.D.) to info@tssprovider.com.