



Address: 205 Sparks Avenue, Toronto, ON M2H 2S5
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Credit Card Authorization Form

PLEASE PRINT AND COMPLETE THIS FORM. RETURN THE COMPLETED FORM TO OUR OFFICE AT THE ADDRESS BELOW.

205 Sparks Ave, North York, ON M2H 2S5

Credit Card Details, Please indicate the card type (check one):

Credit Card Type: VISA MasterCard

Credit Card Number: _____

Expiration Date: _____ CVV Code (last 3 digits on the back of your card): _____

Billing Address: _____

City: _____ Country: _____

Province/State: _____ Postal/ZIP Code: _____

Payment Information

Tuition Amount to Pay (in CAD): _____ Semester: _____

Payer Information

Name of Student/Custodian/Parent: _____

ID of Student/Custodian/Parent: _____

(If ID is not yet assigned, provide the student's date of birth in DD/MM/YYYY format.)

Additional Payment Details: _____

Authorization

I, the undersigned cardholder, confirm that I have the authority to authorize this transaction.

I hereby authorize UT Preparatory Academy to process the payment amount as specified above using the provided credit card. By signing below, I consent to this transaction and acknowledge that this authorization is valid from the date signed.

I further agree that a scanned or faxed copy of this authorization will be treated as the original document.

Cardholder Signature: _____

Date: _____

Once completed, please submit this form to:

UT Preparatory Academy

205 Sparks Ave, North York, ON M2H 2S5

Tel: +1 (647) 557-0917

Confidentiality Notice

All information provided on this form is strictly confidential. Payments will be processed as a one-time transaction, and this form will be securely disposed of after processing. We do not retain this form on file.