

GEORGIAN

YOUR COLLEGE · YOUR FUTURE

RESIDENCE CREDIT CARD PAYMENT FORM

Return to :	Residence Accounts/Admissions Georgian College 101 Georgian Drive Barrie, ON L4M 6Z5 Phone: (705)730-5600 Fax: (705)730-5558
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Last Name: _____	First Name: _____
Student ID # _____	Phone # _____
Address: _____ _____	

<input type="checkbox"/>	RESIDENCE APPLICATION FEE
<input type="checkbox"/>	RESIDENCE 1ST INSTALLMENT
<input type="checkbox"/>	RESIDENCE 2ND INSTALLMENT
<input type="checkbox"/>	RESIDENCE FULL PAYMENT
<input type="checkbox"/>	OTHER _____
AMOUNT OF PAYMENT \$ _____	

<input type="checkbox"/>	VISA	(please check one)
<input type="checkbox"/>	MASTERCARD	
<input type="checkbox"/>	AMERICAN EXPRESS	

I authorize Georgian College Residence to apply the above posted amount to the credit card number listed below. I understand that Georgian College does not keep my credit card number on file and that this form is required for each payment.

CARDHOLDER NAME (please print): _____	
CARDHOLDER SIGNATURE: _____	
CARD # _____	EXPIRY DATE _____ / _____