



J. Addison School

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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize J. Addison School to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize J. Addison School to charge my credit card
(full name)
account indicated below for the registration fee CAD300.00 on or after _____.
(amount) (date)

This payment is to be applied towards (student name): _____

Billing Address _____ Phone# _____

City, Province _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> UnionPay
Cardholder Name	_____			
Card Number	_____	PIN :	_____	
Expiration Date	_____ (MM/YY)			

Cardholder Signature _____ Date _____

I authorize J. Addison School to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the payment described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated on this form.