



## Supplemental Privilege Credit Card Form

The Supplemental Privilege fee is \$50.00 per course.

Please fax this form to 519-763-6809 Enrolment Services, Attention Megan Macleod or submit in person to Enrolment Services, UC level 3.

*The results of your supplemental privilege(s) will not be released until payment has been received by this office.*

Note: This form cannot be processed if received as an email attachment.

### A. Student Information

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Course(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Semester (e.g. W13): \_\_\_\_\_

Student Signature (Required): \_\_\_\_\_

### B. Credit Card Payment Information

You must provide the credit card holder's signature on page 1 and the additional credit card information on page 2

\_\_\_\_\_

Payment Signature (Visa or MasterCard card holder's signature required)

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#### For office use only:

Total: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Coding: 790 441 89 859

## Supplemental Privilege Credit Card Payment Information

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Student ID#: \_\_\_\_\_

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Please indicate credit card:

Visa

MasterCard

Credit Card#: \_\_\_\_\_

Expiry Date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Credit Card holder's name: \_\_\_\_\_

(The credit card holder's signature is required on page 1)

**The above payment information will be destroyed upon successful completion of the payment process.**