



**INSTITUTE OF  
TECHNOLOGY  
DEVELOPMENT  
OF CANADA**

Institute of Technology Development of Canada  
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## Credit Card Authorization Form

**First Name** **Last Name** **E-mail**

**Program Name** **Program Start Date  
(d/m/y)** **Program End Date  
(d/m/y)**

**Current Address (Please include Street name, apt-unit, city, province/state and postal code)**

**Phone number:** **You are:** **Domestic student** **International student**

*Please select what type of credit card you would like to use for your tuition payments.*

<p><b>Canadian</b> <b>International</b></p>	<p><b>Canadian</b> <b>International</b></p>
<p><b>Canadian</b> <b>International</b></p>	<p><b>Canadian</b> <b>International</b></p>

		Master Card	Visa	Amex
If issued outside Canada, International pricing apply	Monthly payment option	<b>2.15%</b>	<b>2.15%</b>	<b>3%</b>
Canadian issued card (Credit or Debit)	Monthly payment option	<b>2.15%</b>	<b>2.15%</b>	<b>3%</b>

**Credit Card or Debit Card**

Card Number  
Expiry Date

**Card Holder First Name** **Card Holder Last Name**

**Billing Address of Credit Card or Debit Card**

**City** **Province** **Country** **Postal Code**

**Amount:**

I authorize Institute of Technology Development of Canada ("the College") located at 475 Granville Street, Vancouver, BC, V6C 1T1 to charge the indicated payment method above for any monthly recurring fees and any one-time charges associated with the services provided by Management. I agree not to dispute any charges with my issuing bank without first inquiring with Management to remedy the situation. I guarantee that I am the authorized and legal holder of this account and am authorized to enter into this recurring and one-time payment plan. Service Fees are never deducted from or adjusted against Payment amounts. 1. ITD Canada for the actual tuition/fee(s) amount paid directly to the Institute of Technology Development of Canada".

Signature of Card Holder/ Account Holder

Date  
(d/m/y)