



TORONTO
SCHOOL OF MANAGEMENT

Toronto School of Management Inc.

CREDIT / DEBIT CARD PAYMENT AUTHORISATION FORM

To: Toronto School of Management

From (Cardholder's Name) _____

Telephone Number _____

Email Address _____

On Behalf of _____

Please debit my card the following amount

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I give authorization to Toronto School of Management to debit my card (see card details below) for the amount above. It is my responsibility to make sure I have sufficient funds in my account.

Card Type **MasterCard** **Visa**

Card Number:

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Name as it appears on the card _____

Start Date* _____ Expiration Date* _____

Issue Number* _____ Security Code* _____

- * **Expiry Date** must be at least 2 months after checkout.
- * **Issue number** where applicable
- * **Security Code** last 3 digits printed on the signature strip on the back of the card

Cardholder address (**must include post code and house number for billing address**):

I have read and agree to the above details:

Cardholder signature: _____ Date _____

Print Name: _____