





## CREDIT CARD SERVICE REQUEST FORM

If you wish to use your credit card for method of payment, this form must be completed and accompany your request.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

PROFESSIONAL CERTIFICATION UNIT & STUDENT RECORDS			
TYPE OF SERVICE	FEE AMOUNT	QUANTITY	TOTAL
Reclassification	30.00		
TOTAL			

### Method of Payment

Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Credit Card Number	
Cardholder Name	Expiry Date
Cardholder Signature	

This personal information is being collected under the authority of the Education Administration Act 515/88 and will be used for ongoing verification of certification and notification. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Program Director, Professional Certification Unit.