



Credit Card Payment

Important – you need to sign this document and join it to your program selection if you pay by credit card.

Credit Card

☐ VISA

☐ MasterCard

Number : _____

Expiration Date : _____

Authorization

I authorize Herzing College to take the amount of \$ _____ CDN to my credit card.

Family Name: _____

First Name: _____

Signature _____

Date: _____

Payment Reason

☐ Registration

☐ School Fees