To: INTERNATIONAL EDUCATION
OKANAGAN COLLEGE
Fax: 250-862-5470

Date: _____

Student Name: _____ _____
(Family Name) (First Name)

Student ID #

This is an authorization to charge $ _____(Canadian)

to the credit card specified below for the above student's:

(please check ALL that apply)

- ❑ Application Fee
- ❑ Homestay Fees
- ❑ Medical Insurance
- ❑ Tuition/Student Association & Activity Fees

Credit Card Number:

Expiry Date:

		/		

(month) (year)

- ❑ Visa
- ❑ Mastercard

Cardholder's Name: _____

Signature: _____