



AUTHORIZATION FORM
(for CPD classes)

I, _____ am attending The Art Institute of Vancouver and hereby provide authorization to the Student Accounting Department to charge the following amount to the credit card below:

Course Title: _____

Amount: \$ _____ on _____

\$ _____ on _____

\$ _____ on _____

Type of credit card: _____

Credit card account number: _____

Expiry date of card: _____

Full name as listed on card: _____

Relationship to student: _____

Dated at _____ this _____ day of _____
Place of signing *Month/Year*

Signature of cardholder: _____

For office use only:

Signature of employee processing transaction: _____

Student number: _____