NIPISSING UNIVERSITY

Credit Card Authorization

This is to authorize the debit of your credit card for the service(s) specified below (check one).

☐ Degree Audit Letter
☐ Proof of Enrollment
☐ Graduation Application
☐ Request for Official Transcript
☐ Other _____
(specify)

Student ID:	Student Name:

Credit Card Information

Check one only: ☐ MasterCard ☐ Visa *

* *We cannot accept Visa debit cards remotely*

Amount for Service(s): $_____

_____ Name of Cardholder (please print)

_____ Cardholder's Signature

Credit Card Number:

				■					■					■				

Credit Card Expiry Date:

M	M	Y	Y

PLEASE NOTE:

In order to process your credit card payment, this form MUST accompany the requested service form (ie. Proof of Enrollment, Request for Official Transcript, etc.)

Protection of Privacy: Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992. Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs". Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services. Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan.