

CREDIT CARD AUTHORIZATION FORM



Toronto College
of Dental Hygiene and Auxiliaries^{INC.}

Please complete this form and scan it to transcripts@toronto-college-dental.org or fax it to 416-423-3092. This payment will not be processed unless this form filled out and signed in full. You must include government issued photo identification.

STUDENT/CLIENT NAME	
REASON FOR PAYMENT	
AMOUNT	
TYPE OF CARD Only Visa or MasterCard accepted.	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
NAME ON CREDIT CARD Please print. Must match the name on the credit card.	
CREDIT CARD NUMBER	
EXPIRY DATE MM/YY	
SECURITY CODE 3 digit code on the back of the card.	
TYPE OF PHOTO ID INCLUDED Driver's license, passport, etc.	
SIGNATURE	
DATE DD/MM/YYYY	

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