



Pre-Authorized Credit Card Agreement

1. Customer Information (Please print clearly)

Name: _____
Student: _____
Address: _____
Telephone: _____
2016/17 Fees

2. Credit Card Information

Card Number:
Expiry Date: MM YYYY CCV:
Name on Card: _____

3. Pre-Authorized Credit Card

I/we authorize Mediated Learning Academy, and the financial institution designated to begin deductions as per my instructions below for monthly equal regular recurring payments, for payment of tuition fees and or transport fees. Regular monthly payments for tuition/transport fees will be processed on the credit card above on the _____ of each month or the next business day for a period of ten months. I understand that each payment will incur a 2% processing fee.

This authority is to remain in effect until Mediated Learning Academy has received written notification from me/us of its change or termination. This notification must be received at least ten (1) business days before the next payment is scheduled at the address provided below.

Signature of Account Holder:

Name:

(Please Print)
Date:

When the form is complete please return; mail, fax or email to:
Mediated Learning Academy
550 Thompson Avenue
Coquitlam, BC, V3K 3R9
awinstanley@mediatedlearningacademy.org or Fax: 604-931-5155