

TEST DATE TRANSFER - PAYMENT AUTHORIZATION FORM

I, _____, authorize **Conestoga College** to charge my credit card.

\$85.00 – Test Date Transfer Fee

Name: _____ Phone: _____

Address: _____

Name of Cardholder *(if different from above)*: _____

(Please Print)

– VISA

- MASTERCARD

Card Number:

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Expiry Date: ____ / ____
(*Month / Year*)

Signature of Card Holder: _____ Date: _____

Receipt #: _____ *For Office Use Only*