

STUDY ABROAD PROGRAMS CREDIT CARD AUTHORIZATION FORM

I, _____ (please ~~print~~) hereby authorize University of Calgary International to charge the specified credit card to be provided by phone call for program fees for

_____ (participant's name) in the _____

_____ Study Program.

PAYMENT DETAILS:

Amount: \$ _____

Name as it appears on card: _____

Billing Address: _____

Contact Phone Number: _____

Best time to call (between 8:30 am and 4:15 pm, Monday to Friday): _____

Cardholder Signature: _____

By signing this form, I agree to pay the specified amount as detailed on this document.

Group Study Program participants: return this form by email to group.study@ucalgary.ca

Exchange participants: return this form by email to your designated exchange advisor

All other Study Abroad participants: return this form by email to study.abroad@ucalgary.ca

For security reasons, please do not write your card details on this form - we will phone to collect your details upon receipt.

Thank you for your assistance.

University of Calgary International
Study Abroad Programs