



Canadian  
as a Second  
Language Institute

## CSLI Credit Card Payment Form

I here by authorize CSLI to debit the amount of \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiry date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please fax the front and back of the credit card  
to 604-683-8667**

Thanks very much,

**CSLI Administration**