

CSLI Credit Card Payment Form

I hereby authorize CSLI to debit the amount of _____

Credit card type: Visa / Master / American Express

Credit card # _____

Expiry date: _____

* V - code: _____

Signature: _____

Student Name: _____

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

Thanks very much,

CSLI Administration

* V-code is the 3 digits number on the back of the credit card