



**LUTHER
COLLEGE**
HIGH SCHOOL

Student Name: _____

Student ID# _____

Credit Card Payment Form

**please note a \$4 service charge will be added to all credit card payments*

Credit Card Type	Mastercard or Visa (circle one)
Name on Card	
Card Number	
Expiry Date <i>mm/yy</i>	
CSV code	
Amount of Payment	\$
Reason for Payment <i>(i.e. lunch plan, tuition deposit, sports fees)</i>	

Signature: _____

Date: _____

By signing above, you are authorizing Luther College to charge the amount indicated.

Please submit your completed form by:

- 1) email: tess.kossick@luthercollege.edu
- 2) fax: 306-359-6962
- 3) mail or in person: 1500 Royal Street, Regina, S4T 5A5

**revised March 2020*