



Student Name: _____

Learning ID Number: _____

Credit Card Payment Form

| | |
|---|--|
| 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 July 2021*