



# Credit Card Payment Form for University/College Application

## Student Information: (Must be filled out)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Student Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_ Gender:  Female  Male  
MM/DD/YY

Name of the college/university applying to: \_\_\_\_\_

Credit Card Type:  VISA  MasterCard

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_  
MM/YY

CVV Security Code: \_\_\_\_\_

## Billing Address

Street Address: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ (CAD)

City: \_\_\_\_\_

Date: \_\_\_\_\_  
MM/DD/YY

Country: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

ZIP: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

- Cardholder will pay to the issuer of the charge card presented here with the amount stated hereon in accordance with the issuer's Agreement with the Cardholder.
- Cardholder authorizes ILAC University Pathway counselor to use the credit card information for above mentioned university or college application purposes only. A receipt to be provided directly by the applied college or university after the application has been processed.
- Please contact [pathway@ilac.com](mailto:pathway@ilac.com) for any questions.