



## Single Payment Authorization Form

You authorize a single payment, as charged to your credit card or debit from your bank account. The transaction will appear on your credit card or bank statement.

### Receipting Information

Payer First Name (Given):	Payer Last Name (Surname):	Middle Initial:	
Billing Street Address:	City:	Prov:	PC:
Email Address:			

**I/we authorize Saskatoon Society for Christian Education Inc. (SSCE) to:**

<input type="checkbox"/> charge the Credit Card indicated below	<b>OR</b>	<input type="checkbox"/> debit the bank account indicated below
for one payment of CA\$_____ to be charged on (YYYY-MM-DD) _____.		

<b>Credit Card Information</b>	Cardholder Name: (if different)		
Credit Card Number:			
Expiration Date:	/	CVV:	

*\*I certify that I am an authorized user of this Credit Card. Payment schedule dates must be within the credit card expiration date.*

<b>Bank Account Information</b> (attach void cheque)	<input type="checkbox"/> Individual	<input type="checkbox"/> Business
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### Transaction Information

- ☐ Tuition      ☐ Course Fees      ☐ Gift - General Fund      ☐ Gift - Assistance Fund
- ☐ Gift - Other: \_\_\_\_\_

I will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

Signature:	Date:
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