



ST. THOMAS MORE COLLEGE
UNIVERSITY OF SASKATCHEWAN

SINGLE USE PRE-AUTHORIZED CREDIT CARD PAYMENT FORM

*Please mail your donation to:
St. Thomas More College
1437 College Drive
Saskatoon, SK S7N 0W6*

| | | |
|----------|-----------|--------------|
| Name: | | |
| Address: | | |
| City: | Province: | Postal Code: |

| | | | | | | | | | | | | | | |
|---|--------|--|--|--|--|--|--|--|-------|--|--|--|--|--|
| CREDIT CARD INFORMATION - AUTOMATIC WITHDRAWAL | | | | | | | | | | | | | | |
| Credit Card Type: ___ VISA ___ MASTERCARD ___ AMEX | | | | | | | | | | | | | | |
| Credit Card Number: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Credit Card Expiry Date | Month: | | | | | | | | Year: | | | | | |

I/We hereby authorize St. Thomas More College to debit my/our credit card account indicated above, in the amount of \$_____

Signature _____ Date _____

FOR OFFICE USE ONLY:

Date Pre-Authorized Payment Form received in Accounting _____

Date Notification Letter received from Development _____

Date Pre-Authorization Processed _____ Processed By _____