Credit Card Payment Form

You may use your VISA® or Mastercard® to pay Athabasca University fees. Do not send confidential information via email. Email messages are not secure.

Name: _____________________________________________
Address: _____________________________________________
_____________________________________________________________________
POSTAL/ZIP CODE

VISA®  MasterCard®  ___________________________  __________

EXPIRY DATE

DESCRIPTION

<table>
<thead>
<tr>
<th>AMOUNT CHARGED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Where incorrect fees are listed, Athabasca University will automatically charge your account with the correct amount.

TOTAL

STUDENT ID NUMBER (if applicable)

Signature: _____________________________________________
Date: __________

Payment
(please print)

Name: _____________________________________________
Address: _____________________________________________
_____________________________________________________________________
POSTAL/ZIP CODE

VISA®  MasterCard®  ___________________________  __________

EXPIRY DATE

DESCRIPTION

<table>
<thead>
<tr>
<th>AMOUNT CHARGED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Where incorrect fees are listed, Athabasca University will automatically charge your account with the correct amount.

TOTAL

STUDENT ID NUMBER (if applicable)

Signature: _____________________________________________
Date: __________

Payment
(please print)

Name: _____________________________________________
Address: _____________________________________________
_____________________________________________________________________
POSTAL/ZIP CODE

VISA®  MasterCard®  ___________________________  __________

EXPIRY DATE

DESCRIPTION

<table>
<thead>
<tr>
<th>AMOUNT CHARGED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Where incorrect fees are listed, Athabasca University will automatically charge your account with the correct amount.

TOTAL

STUDENT ID NUMBER (if applicable)

Signature: _____________________________________________
Date: __________