

Please complete and fax this form to (1) 416-487-8620

PAYMENT INFORMATION

Name of Student(s): _____

Tuition: CDN\$ _____

Registration fee: CDN\$ _____

Homestay: CDN\$ _____

Pickup: CDN\$ _____

Total: CDN\$ _____

CREDIT CARD INFORMATION

Type of Credit Card: VISA MASTERCARD AMEX

Name of Cardholder: _____

Credit Card #: _____ Expiry Date MM/YY: _____

CVD (3-digit security code on the back of your card): _____

I agree to pay above total amount according to card issuer agreement.

Signature: _____

CONTACT INFORMATION

Hansa should send confirmation of payment by post, fax, or email to:

Post: _____

Fax: _____

Email: _____