



TWU Credit Card Processing

Please complete this form and fax to (604) 513-2064
or scan and email to gradadmissions@twu.ca

Payment of Application Fees for the Faculty of Graduate Studies

I authorize Trinity Western University to charge my credit card as follows:

Name on Credit card:

(Please print clearly)

MasterCard

Visa

Amount - C\$ _____

Credit Card Number: _____

Expiry Date: _____ Security Code (as found on back of credit card) _____

If daily limit is exceeded please charge my card in daily increments until the full amount has been paid.

Student Name

TWU Student Number

Credit Card Holder's Signature

Date