



CREDIT CARD AUTHORIZATION FORM

VISA

Master Card

American Express

Card Number: _____

Expiration: _____

Security numbers*: _____

Name on Card: _____

Billing Address: _____

* VISA and MC – last 3 numbers on the back of the card, AMEX – 4 small numbers on right side on front of card

Payment for (name of student): _____

Amount to be charged: _____

I, the undersigned, give MWS Student Camps authorization to charge the amount noted above on the credit card information provided.

I also acknowledge that, as per MWS registration information, a 3% processing charge applies for all credit card payments.

Name (please print): _____

Signature: _____

Date: _____

Please return this form to the MWS office via email (office@mwscamps.com) or mail (131 Bloor Street West, Suite 200/226, Toronto, ON, M5S 1R8, CANADA). Thank you.