



COQUITLAM
SCHOOL DISTRICT
CREDIT CARD PAYMENT FORM

Date: _____

Student Information:

Student Name: _____

Phone Number: _____

Email Address: _____

Payment Information:

Important: We only accept Visa and Mastercard

Amount: _____

Credit Card Type: _____

Credit Card Number: _____

CSC Security Code: _____

Expiry Date: _____

Card Holder Name: _____

Card Holder Signature: _____

A RECEIPT OF PAYMENT WILL BE GIVEN TO YOU WITH YOUR LETTER