



**College of Homeopaths of Ontario**  
 163 Queen Street East, 2<sup>nd</sup> Floor, Toronto, Ontario, M5A 1S1  
 TEL 416-862-4780 OR 1-844-862-4780  
 www.collegeofhomeopaths.com

Name:	
Date:	
Registration Number:	

## Installment Payment Agreement

**This form will be securely destroyed once all payments have been processed and cleared.** Please print clearly.

The Annual Renewal fee is \$1250+HST. The CHO will accept 5 separate installment payments of \$250+HST to be processed on the second Thursday day of every other month with the exception of April which is to be processed on the 6<sup>th</sup> (April 6<sup>th</sup>, June 11<sup>th</sup>, August 13<sup>th</sup>, October 8<sup>th</sup>, and December 10<sup>th</sup>). All 5 payments are to be completed and paid in full by December 10, 2020.

<b>Section 1</b>	<p>Credit Card Type:   <input type="checkbox"/> Visa     <input type="checkbox"/> Mastercard     <input type="checkbox"/> American Express</p> <p>Credit Card No.:</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table> <p>Expiry Date (mm/yy): _____ / _____     CVC Code: _____</p> <p>Name on Card: _____</p> <p>Signature of Cardholder: _____</p> <p>Authorized Amount: \$ _____ (Annual Renewal fee: \$282.50x5 for a total of \$1412.50)</p>																				
<b>Section 2</b>	<p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize the College of Homeopaths of Ontario (CHO) to charge this credit card for the amount listed above in “Authorized Amount” on the specified dates for the purpose of my Annual Renewal fee for my registration with the CHO. I understand that this form will be destroyed once the full payment has been processed and cleared by the CHO. If additional charges are going to be required, a new form will have to be completed.</p> <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> <span>Authorization Signature of Registrant</span> <span>Date of Signature</span> </p>																				

***Failure to comply with the terms of this Installment Agreement may lead to the Administrative Suspension of your Certificate of Registration.***

