College of Homeopaths of Ontario
163 Queen Street East, 2nd Floor, Toronto, Ontario, M5A 1S1
TEL 647-749-4952
www.collegeofhomeopaths.com

Name:	
Date:	
Registration Number:	

Installment Payment Agreement - Full Class

This form will be securely <u>destroyed</u> once all payments have been processed and cleared. Please print clearly.

The Annual Renewal fee in the Full Class $1250+HST. The CHO will accept 5 separate installment payments of **$282.50 ($250+HST)** to be processed within the second week of every other month (w/o April 5th,w/o June 7th, w/o August 9th, w/o October 11th and w/o December 6th). All 5 payments are to be completed and paid in full by December 2021.

Section 1

Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express

Credit Card No.:

Expiry Date (mm/yy): _____ / _____ CVC Code: _____

Name on Card: _____

Signature of Cardholder: _____

Authorized Amount: $ _____ (Annual Renewal fee: $282.50x5 for a total of $1412.50)

Section 2

I certify that all information above is complete and accurate.

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.

_____ _____

Authorization Signature of Registrant Date of Signature

If any changes are made to your credit card information please notify the CHO immediately. ***Failure to comply with the terms of this Installment Agreement may lead to the Administrative Suspension of your Certificate of Registration.***