College of Homeopaths of Ontario
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www.collegeofhomeopaths.com

Form G - SECA

Office Use Only	
Date Received:	
Staff Reviewer:	
Application Number:	

Credit Card Payment Form

All applicants who choose to make their application payment by credit card must complete this form and submit it to the CHO with their completed application. **This form will be securely <u>destroyed</u> once payment has been processed and cleared. The CHO does not retain credit card information.** Please print clearly.

The SECA application fee is $498.00 + $64.74 HST for a total of $562.74. Amount must be paid in full, no partial payments accepted.

Section 1

Credit Card Type : ☐ Visa ☐ Mastercard ☐ American Express

Credit Card No.:

Expiry Date (mm/yy): _____ / _____CVC Code: _____ Postal Code_____

Name on Card: _____

Signature of Cardholder: _____

Authorized Amount: $ _____ (Application fee: $562.74)

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" for the purpose of my application fee for registration. I understand that this form will be destroyed once 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 Applicant | Date of Signature

<u>Please Note</u>: *A non-sufficient funds (NSF) fee of $60 + HST will be charged to all credit card payments that are processed by the CHO and declined.*