

SECTION 1 - PAYEE (REQUIRED)

GOVERNMENT OF PRINCE EDWARD ISLAND REQUEST TO PAY OVER THE PHONE

TYPES OF PAYMENTS ACCEPTED: VISA / MASTERCARD

Freedom of Information and Protection of Privacy

Personal information on this form is collected under clause 31(c) of Prince Edward Island's *Freedom of Information and Protection of Privacy Act*, R.S.P.E.I 1998, Cap. F-15.01 and will be used for the purpose of processing your credit card payment. If you have any questions about this collection of personal information, please contact the Registrar at 902-438-4130.

NAME:		
MAILING ADDRESS:		
TELEPLICALE ALLIA ADED	T SAVAULA ADED	E MAN ADDDESS
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:
SECTION 2 - AUTHORIZATION (REQUIRED)		
PAYMENT AMOUNT: \$	FOR	
Please phone Accounts Registrar at 902-438-4130 with your credit card number and expiry (DO NOT provide your credit card information on this form).		
NAME OF CARD HOLDER:		
SIGNATURE OF CARD HOLDER:		
DATE		
DATE:		
E-MAIL COMPLETED FORM TO: registrar@edu.pe.ca OR FAX TO: 1-902-438-4062		
CHIALE COMMEDITED TO NAME TO: 1-502-450-4002		
SECTION 3 — INTERNAL USE ONLY (Attach form and merchant receipt to transaction batch)		
TRANSACTION DATE:		SSED BY:
CUSTOMER COPY:		
CUSTOMER COPY:	Mail E-mail	☐ Fax

UPDATED: JUL 2015