



THE UNIVERSITY OF WINNIPEG

Credit Card Payment Authorization Form

I hereby authorize the Office of Admissions at The University of Winnipeg to charge my credit card to pay for the admission application fee for the following student:

Name of UWinnipeg Applicant

Date of Birth (MM/DD/YYYY)

UWinnipeg Student Number (if known)

Credit Card Type (combination debit/credit cards are not accepted):

- ☐ Visa
- ☐ MasterCard

Credit Card Number: _____

Credit Card Expiry date: Month (MM) _____ Year (YYYY) _____

Name of Card Holder: _____

Relationship to UWinnipeg Applicant (if this is not your card)

Signature of Card Holder

Date

Authorized Payment Amount:

- ☐ \$120 CAD International application fee
- ☐ \$100 CAD Domestic (Canadians and Permanent Residents) application fee
- ☐ \$50 CAD Continuance fee (Domestic Students)

Phone Number: _____

Email: _____

Please return this form by email to admissions@uwinnipeg.ca.