Form G

College of Homeopaths of Ontario
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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 destroyed once payment has been processed and cleared. The CHO does not retain credit card information.** Please print clearly.

The application fee is $275.00 + $35.75 HST for a total of **$310.75**. 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: _____

Name on Card: _____

Signature of Cardholder: _____

Authorized Amount: $ _____ (Application fee: $310.75)

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

Please Note: *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.*