



## Clubs & Associations Credit Card Deposit Form

### CLUB INFORMATION

Club Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

### SPONSOR INFORMATION

Organization Name: \_\_\_\_\_

Sponsor Email: \_\_\_\_\_

Total Deposit: \$ \_\_\_\_\_

### CREDIT CARD AUTHORIZATION

Visa

Master Card

I hereby authorize the Students' Union to charge my credit card for a total of \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ CSC Code: \_\_\_\_\_

I agree to pay the above listed amount: \_\_\_\_\_

(Signature of Card Holder)

**Please send a scanned copy of this completed form to the Vice President: Clubs & Associations at [suvpca@wlu.ca](mailto:suvpca@wlu.ca).**

### Department Use Only

Confirmation Number: \_\_\_\_\_

Session: \_\_\_\_\_ Period: \_\_\_\_\_

Entered by: \_\_\_\_\_ Entry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_