

### Fee Payment Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address					
City		Province		Postal Code	

Tel: (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) - \_\_\_\_\_ (W) E-mail: \_\_\_\_\_

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#### Method of Payment

Cheque enclosed for the amount of \$ \_\_\_\_\_.

Payment by Credit Card:  Visa  MasterCard

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

I hereby authorize payment of \$ \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_

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My fees are paid by a third party.

Name of Company/Organization/Parish/Diocese:					
Address					
City		Province		Postal Code	

I have been approved by the third party to authorize billing for \$ \_\_\_\_\_.

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I have received a bursary/scholarship from:

\_\_\_\_\_

Name of Newman Theological College bursary/scholarship or outside organization

I authorize payment of \$ \_\_\_\_\_ from this bursary/scholarship.

\_\_\_\_\_  
Signature & Date

Return completed form to:

or  
Fax: (780) 447 - 2685

Registrar's Office  
Newman Theological College  
15611 Mark Messier Trail  
Edmonton, AB T6V 1H3