



GEORGIAN GREEN STUDENT RESIDENCE
140 Bell Farm Road, Barrie, ON, L4M 5K5

I \_\_\_\_\_, on behalf of \_\_\_\_\_,
(Cardholder's Name) (Resident's Name)

authorize GEORGIAN GREEN STUDENT RESIDENCE to charge my credit card in the amount of \$\_\_\_\_\_.\_\_\_\_, which is
the total of the deposit and other items I've selected below, on or after (must be date you are submitting this form)
\_\_\_\_\_, 20\_\_\_\_\_. I agree that I will not contest or reverse this transaction after it has been
processed.

Mattress Cover: (check box)

□ \$40.00 = mattress cover purchase fee.

Resident Activity Fee: (check Box that matches the term you have applied for)

\$25.00 For Summer Semester

\$50.00 For Fall 2 Semester

\$75.00 For Fall 3 Semesters

\$595.00 Summer Semester 2022 - Fixed Term Rental Amount: (check box)

□ \$620.00 = \$595.00 'first' rental deposit payment + \$25.00 credit card fee.

□ \$620.00 = \$595.00 'second' rental deposit payment + \$25.00 credit card fee.

□ \$620.00 = \$595.00 (name month) \_\_\_\_\_ rent payment + \$25.00 credit card fee.

\$625.00 Fall 3 Semester - Fixed Term Rental Amount: (check box)

□ \$650.00 = \$625.00 'first' rental deposit payment + \$25.00 credit card fee.

□ \$650.00 = \$625.00 'second' rental deposit payment + \$25.00 credit card fee.

□ \$650.00 = \$625.00 (name month) \_\_\_\_\_ rent payment + \$25.00 credit card fee.

\$815.00 Fall 2 Semester Fixed Term Rental Amount: (check box)

□ \$840.00 = \$815.00 'first' rental deposit payment + \$25.00 credit card fee.

□ \$840.00 = \$815.00 'second' rental deposit payment + \$25.00 credit card fee.

□ \$840.00 = \$815.00 (name month) \_\_\_\_\_ rent payment + \$25.00 credit card fee.

Parking fees: (check box) - (Payment amount must equal the length of lease term chosen.)

□ \$215.00 = \$200.00 for 4 months lease term parking payment + \$15.00 credit card fee.

□ \$415.00 = \$400.00 for 8 months lease term parking payment + \$15.00 credit card fee.

□ \$625.00 = \$600.00 for 12 months lease term parking payment + \$25.00 credit card fee.

Credit card holder's information:

Billing Address: \_\_\_\_\_

City/Prov/Country: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Account type: □ VISA □ MasterCard

Cardholder Name: \_\_\_\_\_

Credit card#: \_\_\_\_\_

Expiry date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined
above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid
for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit
card company; so long as the transaction corresponds to the terms indicated in this form.