

Financial Assistant.

Receipt#:	Date Stamp (Office Use Only)

PRE-AUTHORIZED PAYMENT FORM

<u>Leaseholder Information</u>						
First Name	Last Name		Phone Number			
Student Number	Building/Area of Res	sidence	Unit Number			
Email			Rent Amount			
<u>Cardholder Information</u>						
First Name	·	Last Name				
I authorize the University of Toronto Mississauga, Student Housing & Residence Life office, to charge the credit card provided with the appropriate charge for my monthly payment for the period of my current lease starting the first month following the submission of this form. Please charge the following credit card number:						
	number.					
Visa/MasterCard Number						
Name as Appears on Card						
Expiration Date (MM/YYYY)						
CVC Number						
Cardholder Signature		Date				
Leaseholder Signature		Date				
Please submit the completed form to the Residence Service Desk, located in Oscar Peterson Hall, in a sealed envelope to the Attention of the						

"The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.fippa.utoronto.ca or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8."



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Amount Charged	Brief Description	Authorization Number	Date Charged	Signature