



NWT Student Financial Assistance

CREDIT CARD AUTHORIZATION FORM

1. STUDENT INFORMATION

Last Name		First Name	Middle Name(s)
Mailing Address		City/Community	
Territory/Province	Postal Code	Phone Number	
Email Address (print clearly)		Date of Birth (YY/MM/DD)	

2. PAYEE INFORMATION

I, _____, hereby authorize the **Government of Northwest Territories – Student Financial Assistance** to automatically debit my credit card in the amount of \$ _____ on the _____ of each month effective _____ or this one time only.

These payments will be applied to my or _____ student loan.

3. CREDIT CARD INFORMATION

Card Type:	VISA	Mastercard	Name on Card
Number			Expiry Date (MM/YY)

4. AUTHORIZATION (must be signed)

- In this Authorization 'I', 'me' and 'my' refer to each credit card holder who signs below.
- I allow the Government of Northwest Territories (the GNWT) to debit my credit card indicated above for the purpose of obtaining payment for my NWT Student Loan.
- I may revoke this authorization at any time by submitting written notice within one month. I agree that revocation of this authorization does not terminate any contract for the loan or money that exists between me and the GNWT.
- I will inform the GNWT, in writing, of any change to the credit card information provided in this authorization at least five (5) working days prior to the next due date.
- I warrant that all persons whose signatures are required to sign on this credit card have signed this authorization.

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act (ATIPP)*, Section 40.(a) and (c)(i) and the *Student Financial Assistance Act* and Regulations. The information will be used to determine my eligibility for the Northern Bonus and for the general administration and enforcement of this program. The privacy provisions of *ATIPP* protect my information.

Personal information is defined under *ATIPP*, Section 2. All applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Manager, Divisional Financial Services, Income Security Programs Division, Department of Education, Culture and Employment, Box 1320, Yellowknife, NT, X1A 2L9, or call 1-800-661-0793 or 1-867-767-9355.

Print Name

X

Signature of Credit Card Holder

Date- YY/MM/DD