Security Deposit Credit Card Form

I, _____(please print name) hereby authorize *Hospitality Glendon*, Glendon/York University, to process my credit card for which I accept to give all details mentioned below. Any credit card transaction will be valid only when processed for *Hospitality Glendon*/York University by Glendon Extended Learning during the Explore Program.   I understand that this form will be destroyed after the program, providing no costs have incurred to the Explore participant, named below, while participating in the program from _____ to _____, 2017.

Type of Credit Card: _____

Credit Card Number: _____

Expiry Date: _____

Name of Card holder: _____

If the **Name on the Card Holder is not the Explore Participant**, please write the name of the Explore participant and relationship to the credit card holder below:

_____

I will accept to pay for the charges incurred as per the Explore Program 2017 Agreement while the Explore Participant attends the 2017 Explore Program and stays on the Glendon Campus/York University in Toronto and uses its facilities.

Date: _____

Signature: _____