



Date Received
Office Use Only

General Payment Form

Registrar's Office
222 St. Patrick Street Toronto, ON M5T 1V4
regoffice@michener.ca | 1 (416) 596-3117 or 1 (800) 387-9066

The Michener Institute of Education at UHN requires personal and contact information, payment details, and payment method transcribed on the following General Payment Form in order to process any requested Registrar's Office payment arrangements.

Note: Additional documentation such as receipts and/or financial information verification may be required. This application must be completed and signed in ink and all questions must be answered.

NOT TO BE USED FOR: CE Registration, Credential Replacement, Invigilation, Official Transcript, Part-Time Application, or Confirmation of Enrolment.

PERSONAL INFORMATION			
LAST NAME (while attending Michener)		FIRST NAME	
STUDENT ID #		DATE OF BIRTH (mm/dd/yyyy) ____/____/____	
CONTACT INFORMATION			
Tick this box if you would like to update the address on file with the address below.			
ADDRESS		CITY OR TOWN	PROV.
POSTAL CODE	TELEPHONE () ____ - ____	EMAIL ADDRESS	
PAYMENT DETAILS			
PAYMENT FOR _____		\$ _____.	
_____		\$ _____.	
_____		\$ _____.	
TOTAL PAYMENT		\$ _____.	
PAYMENT METHOD			
<input type="checkbox"/> Cash (in person only)	Card #: _____	Expiry Date: _____	
<input type="checkbox"/> Credit Card (Visa, MC, AMEX)	<small>Enter Numbers Only – No Spaces</small>	<small>MM/YY</small>	
<input type="checkbox"/> Money Order (or Certified Cheque)	Name: _____	Signature: _____	
<input type="checkbox"/> Debit (in person only)	<small>PRINT CLEARLY</small>		

AUTHORIZATION AND DECLARATION

I certify that the information contained herein and in the supporting documents is true, correct, and complete. I authorize the release of my personal information to The Michener Institute of Education at UHN's Registrar's Office and Finance administration, for the purposes of the General Payment.

Student/Graduate Signature: _____	Date _____
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OFFICE USE ONLY:

Processed By: _____ <small>Registrar's Office Staff Name</small>	Date _____
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The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.