



CREDIT CARD AUTHORIZATION FORM RESCHEDULE CAEL TEST

This is to authorize the CAEL Assessment Office to charge \$ **60.00** CDN to my credit card to reschedule the CAEL Test.

Test Taker Information:

Last Name First Name Date of Birth

Deferral Information:

From the test schedule on the CAEL website, please indicate where and when you would like to reschedule your test:

Test Location Test Date

Credit Card Information:

- Visa
 MasterCard

(Print name as it appears on the card)

(Signature)

(Credit Card Number)

____/____

(Expiry Date)

(____) _____ - _____

(Phone Number)

Card Security Code
(3-digit CSC on reverse of card)

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