



## 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

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### 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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