



University of Ontario
Institute of Technology
Registrar's Office (UA 2071)
2000 Simcoe Street North
Oshawa, Ontario L1H 7K4

REMITTANCE FORM

Student Name: _____

Student Number: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

D.O.B.: _____

Service for Payment: _____

Total Amount Due: _____

Method of Payment: Cheque

Visa Mastercard Amex

Credit Card #: _____

Expiry Date: _____

Signature: _____

Please note: If paying by cheque, please mail to the address listed at the top of the page. If paying by credit card, please fax this form to 905.721.3199

Office Use Only

Approved By: _____ Date: _____