



Payment Via Mail Form

Send to: Pacific Rim Early Childhood Institute Inc.
Box 1086, Cobble Hill, BC, V8H 4C9

Student Name: _____ Student ID: _____

Mailing Address: _____

Telephone: (____) ____ - _____

E-mail: _____

Payment Amount: \$ _____

The enclosed payment is for:

- ☐ Registration (non-refundable fee)
- ☐ Course Tuition (specify course name): _____
- ☐ Transcript
- ☐ Course Extension
- ☐ Academic Assessment (non-refundable fee)

Bank Drafts or Money Orders should be made out to: "Pacific Rim Early Childhood Institute". The abbreviated name, "Pacific Rim ECI" will also be accepted.

Personal cheques and currency are NOT accepted. Payment must be made in the form of a **bank draft** or **money order**.

Eligible **refunds are issued to the student**, regardless of the payee.

Student's Signature: _____ Date: _____

Payee's Signature: _____ Date: _____

***Payee's signature** is only required if someone other than the student is sending payment.*