



A) CREDIT CARD PAYMENT:

Type of Credit Card:

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Security Code: _____

Name Credit Card Holder: _____

Amount in CAD: \$ _____

Student's Name: _____



2% charge will be added to payments made by Visa or MC



B) PAYMENT BY WIRE TRANSFER (CAD\$):

- Account owner: ATPAL Westminster
- Account number: 1078 318
- Transit number: 01521
- Institution number: 001
- Swift number: BOFMCAM2
- Name of bank : Banque de Montreal
- Adresse of bank: 119 rue St Jacques,
Montreal, QC H2Y 1L6
Canada



C) PAYMENT BY E-MAIL TRANSFER (CAD\$):

E-mail: info@atpalcanada.com



T: 514 840.9075 – F: 514 844.0058

info@atpalcanada.com

www.atpalcanada.com

