



VISA/MASTERCARD PAYMENT AUTHORIZATION FORM

DATE:

Name as it appears on credit card

Name as it appears on the permit application if different than the name on the credit card

Phone number of where the card holder can be reached

E-Mail Address

Organization Name

Please bill my **VISA** ___ **MASTERCARD** ___ in the amount of \$ _____

GST – Yes ___ No ___ Amount of GST \$ _____

Card Number

Expiry Date

Signature _____

(Faxed signature preferred or verified by staff)

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request all credit card information will be destroyed.

OFFICE USE ONLY:

Credit Card Authorization #

ATS Project Number _____

ATS Client Number _____