



## VISA/MASTERCARD PAYMENT AUTHORIZATION FORM

Name as it appears on credit card

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

Phone number (including area code) of where the card holder can be reached

E-Mail Address

Organization Name

**(For Office Use Only)**

**Credit Card Authorization #**

**File #**

**ATS Project Number:**

**ATS Client #:**

Please charge my **VISA** \_\_\_\_\_ **MASTERCARD** \_\_\_\_\_

Fee \$ \_\_\_\_\_ + **HST**: Yes \_\_\_ No \_\_\_ (12%) \$ \_\_\_\_\_ Total amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

*(Faxed signature preferred or verified by staff)*

Card Number #:
Expiry Date:

**Please note: The credit card information provided on this form will not be retained. Upon FrontCounter BC acceptance of the application all credit card information will be destroyed. This form will not be accepted via email.**