



AUTHORIZED CREDIT CARD USAGE FORM FOR SECURITY WORKERS

CREDIT CARD PAYMENTS:

- Each time you provide payment by credit card to the Security Programs Division, you must complete this form which provides your authorization.
At this time we accept VISA or MasterCard
Credit Card information will not be accepted if emailed. Mail or Fax this form to the Security Programs Division (address below).
Application fees are non-refundable.

PART 1: INDIVIDUAL INFORMATION

Table with 5 columns: LEGAL SURNAME / LAST NAME, LEGAL GIVEN / FIRST NAME, LEGAL MIDDLE NAME, DATE OF BIRTH, Security Worker Licence # (if known). Includes three rows for applicant information and date format guides (YYYY MM DD).

Are you paying for above noted applicants? Yes No Please attach an additional page if required.

PART 2: AUTHORIZATION

FOR SECURITY PROGRAMS USE ONLY Completed by:
I authorize the use of the following credit card to cover the fees required to process the applicants noted in Part 1 or on the attached page.
Type of card: VISA MasterCard
CREDIT CARD NUMBER: EXPIRY DATE:
Cardholder's name (exactly as shown on card):
Cardholder's daytime phone number: ()
I hereby authorize the following amount to be applied against this credit card \$
Signature of Cardholder: Date Signed:
FOR SECURITY PROGRAMS USE ONLY Transaction #: Completed by: