

## Authorization for Credit Card Usage

### Fee Payment

Applicants Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

I hereby authorize the Alberta College of Pharmacy to charge \$ \_\_\_\_\_ to the credit card indicated below.

### Payment Options

Visa

MasterCard

### Credit Card Information

Credit Card Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Expiry Date (MM/YY) \_\_\_\_\_ Security Code (3 digits on back of card) \_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder's phone # \_\_\_\_\_ Area code-phone # \_\_\_\_\_  
Cell # \_\_\_\_\_ Area code-phone # \_\_\_\_\_

### For Office Use Only

Date Transaction Processed: \_\_\_\_\_