

## CREDIT CARD AUTHORIZATION FORM

• Please send completed authorization to the Regional District of Fraser-Fort George by email to financialservices@rdffg.bc.ca, or deliver to Financial Services, 3rd Floor, 155 George Street, Prince George BC, V2L 1P8 PART 1 - Account Information ACCOUNT NAME: ACCOUNT NUMBER: **BILLING ADDRESS:** EMAIL: \_\_\_\_\_ PHONE NUMBER: PART 2 - Payment Details For One-Time Payments -PAYMENT OF INVOICE NUMBER(S): PAYMENT DATE: PAYMENT AMOUNT: \_\_\_\_\_ For Recurring Payments – Select – Payment Of: 

Statement Balance OR 

Monthly Amount: AUTHORIZATION VALID UNTIL (DATE): **PART 3 – Authorization** Signature I, the undersigned, authorize the Regional District of Fraser-Fort George to process the payment(s) as outlined in "PART 2 - Payment Details" using the credit card outlined in "PART 4 - Credit Card Information". Date Signed: (YYYY/MM/DD) Print Name Signature (MUST be signature of cardholder) **OFFICE USE ONLY** Description # Amount **Customer's Name** Authorization # Date: Project Type: PART 4 - Credit Card Information (Regional District to securely dispose of after processing) Name on Card: Card Type: □ VISA □ MASTERCARD □ AMEX □ DISCOVER Expiry Date: \_\_\_\_\_ CVV: Postal Code: Card #:

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information collected on this Authorization will only be used for the purposes of the processing payment as outlined in this Authorization. This information is collected and managed in strict accordance with the FOIPPA. For any questions regarding the collection or distribution of this information, please contact General Manager of Legislative and Corporate Services foi@rdffg.bc.ca or (250) 960-4400.