



CONFIDENTIAL CREDIT CARD AUTHORIZATION FORM

Office Use Only	Date (MM/DD/YYYY):
Prepared By:	Department:
Purpose:	
*If the purpose for this payment is not listed above and specific GL accounts are needed, please complete the Customer Service Deposit Request Form and attach to this Credit Card Authorization Form.	
Notes:	
Backup Paperwork:	To be kept by CCSC To be returned

Reference #: _____ Document Date: _____
(invoice, permit, membership type, etc. where applicable) (MM/DD/YYYY)

Customer Name: _____ Amount Owning: _____

I, _____, hereby authorize the Town of Whitchurch-Stouffville to charge my credit card (undermentioned) for the agreed upon amount as outlined in this document. I understand that my information will not be used for any other purpose and will be destroyed after the aforementioned transaction is processed. I acknowledge that it is my responsibility to notify the Town of any change to my credit card information, including expiry date.

_____ Customer (Cardholder) Signature

_____ Date (MM/DD/YYYY)

Personal information on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of processing payment to the Town of Whitchurch-Stouffville. If you have any questions about the information collected on this form, please contact the Manager of Finance, Town of Whitchurch-Stouffville, 111 Sandiford Drive, Stouffville, ON L4A 0Z8 or by phone at 905-640-1900 or 855-642-TOWN.

 This section is to be detached and destroyed by the processing cashier once the transaction is completed.

CREDIT CARD INFORMATION		
Card Type:	VISA	MASTERCARD
Cardholder Name (as shown on card):		
Credit Card Number:		
Expiration Date: (MM/YY):		
Card Identification Number (3 digits on back of card):		
Telephone:		
Email:		
*Telephone and email are collected for contact information in case of an error during processing.		