



Credit Card Payment Authorization Form

Please use this form to authorize the use of a credit card for a fee payment. (Note: Certificate holders who are in default of paying the annual practice fee are subject to the addition of a \$30 late fee if the fee is received between June 1 and June 30, and a \$60 late fee if the fee is received between July 1 and October 31.)

Applicant's/Certificate Holder's name: File/Certificate #:

Name of individual, agency or business as it appears on the credit card (please print):

I authorize use of the credit card indicated to pay the fee(s) for the applicant/certificate holder named above.

Total Payment Authorized Date (YYYY/MM/DD)

In the event that we need to get in touch with you, please provide us with your contact information:

Address: Home Phone: Work Phone: Email address:

AUTHORIZATION FOR CREDIT CARD USE

American Express Visa Master Card Card Number Expiry (MM/YY) I authorize the Ministry to charge \$ to the credit card number shown above.

Printed name as it appears on credit card

Cardholder's signature

Please note: The credit card information provided on this form will not be retained. Upon authorization of the payment request, all credit card information will be destroyed. Credit card data should not be emailed. Please fax to the Teacher Regulation Branch at 604 775-4859 or mail to the address below. The easiest and fastest way to pay your annual fee by credit card is by entering the secure Certificate Holders' Area on our website.

May 2015