

Credit Card Payment Authorization

Last Name													First Name								
Pho	Phone Number																				
Card	Cardholder's Name													Card Type							
												Visa			Master American Express						
Card	d N	umb	er										Card Expiry Date								
													Month	th Year							
Pur	Purpose of Transaction (please check)													Amount of Transaction							
1. M	1. Membership Fee 2. Seasonal Sale													CAD\$							
Cardh													Date Date								
S.U.C.C.E.S.S. Employee *Please sign and fax this form to Community Engagement Team at the following number: Fax: (604) 408-7270																					
							Acco	un	ti	ing	De	;p	artment	: Ofi	fice	Use					
Receipt Number													Processed by								
Transaction Authorization Number													Date								