

### Credit Card Payment Form

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Surname

Given Names

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Mailing Address

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City/Town

Province

Postal Code

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1. Registration or Membership #:
2. Payment Method:  Visa  MasterCard
3. Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Card Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year
5. Amount Authorized: \$50 \_\_\_\_\_
6. Name as it appears on the card: \_\_\_\_\_
7. Signature of cardholder: \_\_\_\_\_

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**Please:**

- Do not send this form twice (i.e. by email and mail).
- Do not provide the security code on the back of your card.
- Do not write your credit card number and/or expiry date on your private practice renewal form.

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Office Use Only:

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_