



Credit Card Authorization Form

****Please note that payments will be processed under the name of Burnaby Community Services****

Participant Name

Last name

First name

I, _____ authorize the use of my credit card for payment of meals delivered

Cardholder name

for Burnaby Meals on Wheels to _____.

Participant name

I, _____ authorize automatic charges to this credit card every month

Cardholder name

when invoices are sent

<p>_____</p> <p>Cardholder name</p>	<p>_____</p> <p>Relationship to participant</p>
<p>_____</p> <p>Credit Card number</p> <p style="text-align: center;"><input type="checkbox"/> Visa</p>	<p>_____</p> <p>Cardholder contact number</p>
<p>_____</p> <p>Expiration Date</p> <p style="text-align: center;"><input type="checkbox"/> Mastercard</p>	<p>_____</p> <p>Cardholder email address</p>

Please choose one:

I want to receive invoices by email to

I want to receive invoices by mail
(will be mailed to client address on file)

Cardholder signature

Date