

Authorization for Credit Card Usage

Fee Payment

Applicants Name: _____ Registration Number: _____

I hereby authorize the Alberta College of Pharmacy to charge \$ _____ to the credit card indicated below.

Payment Options

Visa

MasterCard

Credit Card Information

Credit Card Number _____

Name on Credit Card _____

Expiry Date (MM/YY) _____ Security Code (3 digits on back of card) _____

Cardholder's signature _____ Date _____

Cardholder's phone # _____ Area code-phone # _____ Cell # _____ Area code-phone # _____

For Office Use Only

Date Transaction Processed: _____