CHARTERED PROFESSIONAL ACCOUNTANTS PRINCE EDWARD ISLAND

Chartered Professional Accountants of Prince Edward Island
PO Box 301, Charlottetown PE C1A 7K7
T. 902 894.4290 F. 902 894.4791
www.cpapei.ca info@cpapei.ca

Credit Card Payment Authorization

Please complete & return by email to info@cpapei.ca
All information will remain confidential

Member Information:

Member Name: _____

Invoice Number: _____

Credit Card Billing Information:

Billing Address Line 1: _____

Billing Address Line 2: _____

City: _____ Province: _____ Postal Code: _____

Credit Card Type: ☐ Visa ☐ Mastercard

Credit Card Number: _____

Expiration Date (mm/yy): _____

CCV Code: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: $ _____

I authorize the Chartered Professional Accountants of Prince Edward Island to charge the amount listed above to the credit card provided herein.

Cardholder – Please Sign and Date

Name on Card: _____

Date: _____

Signature: _____

Payment Receipt Requested: ☐ Yes - email address: _____
☐ No

Return the completed and signed form via fax (902.894.4791) or email info@cpapei.ca.