

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: _____

City: _____ Province: _____ Postal Code: _____

Credit Card Type: Visa Mastercard

Credit Card Number: _____

Expiration Date (mm/yy): _____ CCV Code: _____

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: _____

Receipt Requested: Yes No

Return the completed and signed form to info@cpapei.ca.