

AUTHORIZATION FOR PAYMENT
Visa, MasterCard, American Express

Visa _____ **MasterCard** _____ **American Express** _____

Amount Authorized _____

\$52.50 (plus \$5.25 faxing fee if required) Fax fees not required for CPSBC, CPSAB, CPSNS.

Name on card (please print) _____

Credit card number ____/____/____/____ Expiry date ____/____ (mm/yy)

Credit Card Authorization signature _____

Original documents not required. Signed Consent form and authorization may be faxed or emailed.