



Authorization of Visa / MasterCard Charge

I, _____, authorize the Town of High River to charge my Visa /
(please print card holder name)

MasterCard in the amount of \$_____.

This charge is for _____
(please note address / project)

My Visa / MasterCard number is _____

Expiry Date _____

Signature

Company Name

Name (Print)

Dated this _____ day of _____, 20_____

By checking this box, I authorize the Town of High River Safety Codes Department to keep this credit card information on file for the purpose of processing permits for my above-noted company. **Our department will confirm payment on permits prior to processing payment.**

The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act. Information on this form may be used by the Authority of Jurisdiction.