



4924 - 47 Street | Box 397 • Redwater, AB T0A 2W0
Phone: 780-942-3519 • Fax: 780-942-4321
www.redwater.ca

Schedule C - Credit Card Authorization Form

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____

(Last 3 digits located on the back of the credit card; CID will be redacted after transaction has been approved)

Amount to Charge: \$ _____ (CAD)

I authorize the Town of Redwater to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____

Date: _____

Once signed, return the completed form to:

Community Services Office
4944 - 53 Street, 2nd Floor | Box 397
Redwater, Alberta T0A 2W0
Email: cordinator@redwater.ca
Fax: 780-942-4415 Phone: 780-942-4101

The information on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is used solely for purposes relating to the Town of Redwater.

Town of Redwater
Policy #321C
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