

# Mackenzie County CREDIT CARD AUTHORIZATION FORM

## Customer Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Cell: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I prefer the receipt and issued permits sent via:  Email  Mail  Fax

## Authorization:

I \_\_\_\_\_, authorize Mackenzie County to charge my  
Credit Card in the amount of \_\_\_\_\_ for the purpose of obtaining Safety Codes Permits.

Card Holder's Signature: \_\_\_\_\_ Name: (please print): \_\_\_\_\_ Date: \_\_\_\_\_

## Credit Card Information:

Card Type:  MasterCard  Visa  
Card Holder's name (as it appears on card): \_\_\_\_\_  
Mailing Address of the Credit Card: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\*Please Fax the Credit Card Authorization Form to the Mackenzie County, La Crete Office 780-928-3636, do not send via email

The Credit Card Information will be destroyed when payment has been processed.

*The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of providing payment to Mackenzie County. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.*