

Note

The Ministry of Finance is committed to providing accessible service. If you require an alternative format, please contact us at 1-866-668-8297.

1. Payor Information

Last Name	First Name
Email Address	
Account/Customer Number	Invoice(s) Number(s)

2. Payment Information

I, _____, authorized the Ministry of Finance to charge

 (Credit Card Holder's Name)

my credit card(s) for the amounts listed below. Charges were made for payment of the invoice(s) listed above.

Date of payment (yyyy/mm/dd) From _____ to _____

Frequency of payment ☐ Monthly ☐ Bi Monthly ☐ Weekly ☐ Bi Weekly ☐ Onetime Payment

Payment amount \$ _____

Type of credit card ☐ Visa ☐ Mastercard ☐ Visa Debit ☐ Mastercard Debit ☐ American Express

Last four digits of credit card _____

☐ I authorize reoccurring charges to my credit card and acknowledge that I will be charged the amount indicated above for each period. A receipt for each payment will be emailed to me and the charge will appear on my credit card statement.

☐ I will not at any time dispute these charges against the credit card account number(s) listed above.

3. Applicant Acknowledge

I understand how my stored payment information will be used.

- I consent to store this payment information.
- I understand I will be notified when any changes are made to the terms of use.
- I understand that transactions will contain the necessary payment details when storing or using cards on file (payment information).

Cardholder Name	Cardholder Signature	Date (yyyy/mm/dd)
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