

CREDIT CARD PAYMENT AUTHORIZATION

(This form is optional and alternately you can call us on 604 983 9202 with your card details to make the payment)

Client Name :

Invoice Date :

Invoice No. :

By signing below, I/we authorize the payment amount (below) to be charged to my/our credit card

Credit / Debit Card No. :

Expiry Date (mm/yy) :

Card Security Code :

(3 digits at the back of the card)

Name as it appears on card :

Payment amount :

Today's date :

We will be sending you a receipt once we have processed the payment.

Thanks for giving us the opportunity to assist you!

** Please do not email the form to us. You can upload the completed form to your portal to help us maintain the highest level of security.

** The form will be destroyed once the payment is processed.

For alternate payment options please visit the CRSP Website Payments link:

<http://www.crspcpa.ca/payments.html>