

Visa - MasterCard Payment Authorization

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM 0W0 T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754 www.mountainviewcounty.com

Name of Cardholder:	
Transaction Date:	
Payment Amount:	\$
Payment Method:	Visa MasterCard
Phone Number:	
*Payment Reference:	i.e.: Planning; County Map; A/R Account; etc.
*We do not accept credit	t card payments for Tax or Municipal Reserve Payments. There is a \$5000 maximum for credit card payments.
	hall not be responsible for the security of any information during delivery by mail or email, and the cardholder f paying by credit card that it hereby releases and holds harmless the County from any and all claims arising
	n on this form is being collected under the authority of Section 33(c) of the Alberta Freedom of Information y Act (FOIP) for the authorization of a credit card payment. Any inquiries relative to the collection or use of directed towards to:
	Mountain View County FOIP Coordinator 403-335-3311 10, 1408 – Twp Rd 320 Postal Bag 100 Didsbury AB TOM OWO
Signature of Cardhold	er:
	nation provided on this portion of the form will not be retained. Once the transaction authorized by proved, credit card information will be destroyed.
Credit Card Number:	
CSV:	
Expiry Date (mm/yr):	