

CREDIT CARD AUTHORIZATION FORM

(Please fill out electronically or print clearly)

1. Client Information	
Client Name:	HCPA Client No:
Telephone No:	Email:

2. Credit Card Information	Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	CVV:
Cardholder Billing Address (if different than address on client file):	
City & Province:	Postal Code:

I understand that my information will be saved to file for future transactions on my account. This can be cancelled at any time by contacting Horizon Chartered Professional Accountants Ltd. This authorization will remain in effect until cancelled.

Cardholder Signature: _____ Date: _____

Important Note: For security purposes please do not send back your information unprotected through regular email. **Please return this form using Sharefile** . Click <https://horizonca.sharefile.com/share/filedrop> to enter your contact information , click continue and select General, File Drop under the recipient drop down menu.