

VISA/MASTERCARD PAYMENT FORM

If you choose to pay by Visa or Mastercard you may fill in this form and submit with your payment.

(Please Note: We require new authorization for every tax bill that is issued)

You must also indicate the amount to be paid and the date you would like the payment to be processed.

ROLL #(S) or attach stubs from tax notice: 5136-	Name: (as indicated on credit card)
Payment Type <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Card # _____
Instalment Date: _____ Date to be processed: _____ Amount of Payment: _____	
Instalment Date: _____ Date to be processed: _____ Amount of Payment: _____	
Signature:	Expiry Date: _____
NOTE: Please ensure your card number is legible PHONE NUMBER: () _____	
Receipt Required: <input type="checkbox"/> (Please check if applicable)	
Other Notes:	