S.U.C.C.E.S.S.

Credit Card Payment Authorization

Last Name	First Name
Phone Number	
Cardholder's Name	Card Type Visa ☐ Master Card ☐ American Express ☐
Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	Card Expiry Date Month ☐☐ Year ☐☐☐☐
Purpose of Transaction (please check) **1. Membership Fee** ☐ **2. Seasonal Sale** ■	Amount of Transaction **CAD$**

I, _____, hereby authorize S.U.C.C.E.S.S. to charge the above payment from my credit card.

Cardholder's signature* _____ Date _____

Received by Myung Lee _____ Date _____

S.U.C.C.E.S.S. Employee

Please sign and fax this form to **Community Engagement Team at the following number:*

Fax: (604) 408-7270

Accounting Department Office Use	
Receipt Number	Processed by
Transaction Authorization Number	Date