



Credit card payment authorization

This form must be used in conjunction with a service request in Canada or from the USA.

Type or print in CAPITAL LETTERS using black or dark blue ink.

Complete and submit with your service request.			
Card type: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express			
Name as it appears on card	Card number	Date of expiry Month Year	
Full Name of applicant(s) or child(ren)	Indicate the applicable service(s) for each person.		
AUTHORIZATION —I authorize the Passport Program to charge C\$ <input type="text"/> to my credit card.	Signature of cardholder	Date Year Month Day	

For official use only
File number(s)
Name of the Passport Program employee