



AUTHORIZATION FORM FOR CREDIT CARD PAYMENTS

(PLEASE PRINT CLEARLY)

City of Barrie Provincial Offences Office

Defendant's Name: _____

Offence Number(s): _____

Charge(s): _____

Is this payment for a transcript deposit?

YES

NO

(please circle)

Contact Person: _____

Telephone Number: _____

Fax Number: _____

Email: _____

NOTE: VISA Debit and MASTERCARD Debit cards cannot be processed

Credit Card Type: VISA or MASTERCARD (please circle)

Credit Card Number: _____

Name on Credit Card: _____

Expiry Date: (MM/YY) _____

I hereby authorize the City of Barrie to charge my credit card number listed above, the total sum of \$ _____ for payment of the Provincial Offences items listed above.

Name: _____

Cardholder's Signature: _____

Date: _____

Please return this form by E-mail: POABarrie@barrie.ca or by Fax to 705-739-4292

FOR OFFICE USE ONLY:

Account G/L# _____