CREDIT CARD AUTHORIZATION FOR AMBULANCE FEES

_____ of _____
(First Name) (Last Name) (Company name if applicable)

Address: _____

City: _____ Province or State: _____

Postal Code or Zip Code: _____

Phone Number: _____ Extension: _____

Email Address: _____

I hereby authorize the City of Leduc to process payment on the following credit card for Ambulance Services:

Customer # _____

Ambulance Invoice # _____

Amount of Payment: _____

Credit Card # _____ Expiry Date: _____ / _____
MM YY

Card issued to: _____*CVD/CVV # _____

***CVD/CVV is the three digits on the back of your Visa or Mastercard, or the 4 digits on the front of your American Express**

SIGNATURE: _____ DATE: _____

The personal information requested on this form is collected to provide permission for the City of Leduc to process payment for ambulance invoice fees. This information is collected in compliance with Section 33 (c) of the Freedom of Information and Protection of Privacy Act (the FOIP Act). Questions regarding the collection of this information can be directed to the FOIP Coordinator's Office at (780)-980-7173 #1 Alexandra Park, Leduc, Alberta, T9E 4C4.