

P.O. Box 2050
Haileybury, Ontario P0J 1K0
www.temiskamingshores.ca



325 Farr Drive
Tel. (705) 672-3363
Fax (705) 672-2911

Credit Card Authorization Form

**Please print out and complete this authorization and return to us.
All information will remain confidential.**

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Am. Ex.

Credit Card Number: _____

Expiration Date: _____

Amount: _____

I authorize the City of Temiskaming Shores to charge the agreed amount listed above to the credit card provided herein to pay for _____.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Please return the authorization form:

By mail: City of Temiskaming Shores
PO Box 2050
Haileybury, ON
P0J 1K0

By fax: (705) 672-2911

By e-mail: pughes@temiskamingshores.ca