



Criminal Records Review Program Application for Pre-Authorized CREDIT CARD USAGE

To be completed if paying by credit card.

Directions: You may complete the form fields at your computer, print, then sign and date *OR* print the form out and complete using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned.

PART A – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (**check one**):

Payment Type: Visa Mastercard

- I hereby authorize to deduct \$20.00 for each applicant listed in Part B — \$ _____ (total payment authorized).
- I wish to establish a drawdown account.
- I wish to replenish an existing drawdown account.

Credit Card Number: _____ Expiry Date: _____ / _____ (Month / Year)

Print Cardholder's Last Name: _____ First Name: _____

Signature of Cardholder: _____ Date signed: _____ / _____ / _____
(Year / Month / Day)

Address: _____ Telephone No: _____
Postal Code _____

Name of Organization: _____

PART B – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Surname	First Given Name	Middle Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECK HERE if you require more space and continue on a separate sheet, attaching it securely to this form.

PART C – FOR SECURITY PROGRAMS USE ONLY:

Invoice # _____ Trans # or Approval # _____ Completed by _____ Date _____

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