



Office: 425 6th Avenue South, Virden, Manitoba
Mailing Address: Box 899, Virden, Manitoba, R0M 2C0
Phone: 204-851-1551
Email: virdencc@mymts.net
Website: www.virdenchamber.ca

Credit Card Authorization Form

Please complete the form and sign below. Please PRINT clearly.

Credit Cardholder Information

Name on credit card: _____
(Exactly as it appears on card)

Type of credit card: MasterCard Visa

Credit Card Number: _____

Expiry Date: _____ / _____

Billing Address: _____

City: _____

Province: _____ Postal Code _____

Phone Number: (_____) _____

Email Address: _____

Choose ONE option below:

I hereby authorize Virden Community Chamber of Commerce to process a **one-time charge** to the credit card indicated above for the amount of \$ _____ for the purposes of _____.

I hereby authorize Virden Community Chamber of Commerce to initiate a **recurring charge** to the credit card indicated above for the amount of \$ _____, to recur annually on the first business day of January.

I understand that I will be provided a minimum of thirty (30) days' notice if charges will vary.

I understand that I may cancel my recurring charge upon written notice to the Virden Community Chamber of Commerce with a minimum of thirty (30) days' notice prior to the processing date stated above.

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

Cardholder Name: _____

Cardholder Signature: _____

Date: _____