



RM of Dundurn 314  
Box 159  
Dundurn, SK S0K 1K0

Phone: 306-492-2132  
Fax: 306-492-4758  
Email: admin.314@sasktel.net

**Credit Card Payment Consent Form**

R.M. of Dundurn No. 314

Name: \_\_\_\_\_

Last Name(print)                      First Name (print)                      Middle Initial

Name on Card if different: \_\_\_\_\_

Last Name(print)                      First Name (print)                      Middle Initial

Mailing Address: \_\_\_\_\_

Street/Box No.                      City/Town                      Postal Code

Phone number: Home/Cell (    ) \_\_\_\_\_ - \_\_\_\_\_ or Business/Work (    ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**I, \_\_\_\_\_ hereby authorize the R. M. of Dundurn No. 314 to charge my credit card for payments as follows:**

What is it for:  Taxes  Invoice  Utility  Other \_\_\_\_\_

How often:  Monthly  Quarterly  Other \_\_\_\_\_

What day of the month (i.e. first, second, third day of the month, etc.): \_\_\_\_\_

Amount to be taken by credit card: \$ \_\_\_\_\_

When should pre-payments stop: \_\_\_\_\_ (Leave empty if this will be on going)

**Credit Card Information**

Type of Card:  Visa  MasterCard  Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification #: \_\_\_\_\_

I agree to the above pre-authorized payment plan. If I would like to stop these charges or I would like to change the information provided it is my responsibility to contact the R.M. of Dundurn No. 314 in writing by letter or email.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DD MM YYYY