



Financial Services Regulatory
Authority of Ontario



Credit Card Authorization Form (for Visa or Mastercard)

Cardholder Information

Last Name		First Name	
Telephone	Email		
Card Number (first 4 and last 4 digits) XXXX XXXX		Expiry Date (MM/YY)	Amount (in CAD)

Authorization

Cardholder Signature	Date Signed (yyyy-mm-dd)
----------------------	--------------------------

To be filled by (choose one option):

☐ **FSRA Pension Administrator**

Pension Plan Number

☐ **FSRA Licence Administrator**

Licence Number