

**Government of Newfoundland and Labrador**

Department of Finance

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CENTRAL CASHIERS OFFICE**Pre-Authorized Credit Card Form****SECTION A - Personal Information (Please print)**

Client Name *			
Invoice Number			
Customer Number			
Reason for Payment			
Contact Phone No. *	Email Address:		
Select Payment Frequency	I authorize the Government of Newfoundland and Labrador to charge my (Choose one)	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<input type="checkbox"/> Onetime Payment	Payment Amount :		
<input type="checkbox"/> Periodic Payments	Number of payments:	Start Date:	End Date:
Additional Details:			

Signature of Card Holder:

(Transactions over \$150.00)

☒ Cut below line ☒**SECTION B - Credit Card Information**

Card Holder's name:		
Credit Card No:		Expiry Date:

Instructions for Completing the Pre-Authorized Credit Card Form Request Form

1. General Information

- This form should be used when requesting Pre-Authorized Credit Card transactions (one-time payments or periodic payments). The form is to be completed then submitted to The Central Cashiers Office, Accounts Receivable and Revenue Control Section, Office of the Comptroller General, Department of Finance. Transactions in excess of \$150.00 the form must be signed by cardholder. When complete, this form may be faxed to the fax number on the form or presented in person. Completed forms sent by email will NOT be accepted.

2. Section A - Personal Information

Sections marked with an asterisks * are mandatory fields.

The fields are fillable; select the field by clicking *instructional text* appears in Word Status Bar or use the F1 key an instructional box will open.

- **Customer Number:** Enter customer number if applicable.
- **Invoice Number:** Enter invoice number if applicable.
- **Reason for Payment:** Select this option if the payment isn't invoice related.
- **Email Address:** Enter email address if receipt is requested.
- Select credit card type **Visa or MasterCard:** Authorizing the Government of Newfoundland and Labrador to debit the selected payment type.
- **Last 4 digits on card:** Enter last 4 digits of card being authorized.
- **Select Payment Frequency:** Onetime Payment or Periodic Payments.
- **Onetime Payment:** Enter payment amount and additional details if required.
- **Periodic Payments:** Enter the number of payments and enter the start and ending dates (MMMM/DD/YYYY) format.
- **Provide details of periodic Payments:** Space to provide additional information if required.
- **Signature:** This form must be signed by an individual authorized Credit Card holder, Signature required for payments over \$150.00.

3. Section B – Credit Card Information

- **Card Holder's name:** Enter card holder's name.
- **3 Digit Security Code:** input 3 digit security code located on back of card.
- **Credit Card No:** Enter 16 digit credit card numbers.
- **Expiry Date:** Enter expiry date of credit card.

4. ~~Cut below line~~

- **Section B – Credit Card Information** must be removed and securely destroyed once the payment has been receipted