

Credit Card Pre-Authorization Form

Please fill in the following information if you would like Dynacare to automatically process payment of your account. Preauthorized payment will be processed the week of signing this document.

Billing Information:

Customer name: _____

Credit card #: _____ Expiry: _____ CVC: _____

Name of cardholder: _____

Contact information and phone number: _____

Alternate mailing address for receipt (if applicable):

Address: _____

City: _____ Province: _____ Postal code: _____