

FEES FOR REQUESTS UNDER THE *ACCESS TO INFORMATION ACT*

CREDIT CARD PAYMENT FORM

Name of cardholder (please print)	VISA/ MASTERCARD/ AMERICAN EXPRESS	
I agree to pay to the Garry Matta \$.00 on my credit card for my request(s) to apply for CAIPS File Check on my behalf	(please indicate the type of credit card with an 'x')	
Name of cardholder (please print)	CSC/CVV (Three digit number on back of visa or master card & 4 digit number in the front of AM EX)	
Address with postal code associated with the card	Expiry date of the card (Month and Year)	
	Telephone	Email ID
Signature of cardholder	FOR OFFICIAL USE ONLY	Authorization number

