



Credit Card Authorization Form

Cardholder's Name (Exactly as It Appears on Card):

Company Name (If Applicable):

Credit Card Billing Address:

Phone #: _____

Invoice Number payment to be applied to: _____

Credit Card Type: Visa MasterCard (select one)

Credit Card Account Number: _____

Expiration Date: _____

Visa / MasterCard: (3 Digit Security Code Printed on Back of Credit Card): _____

I authorize the Ottawa Valley Waste Recovery Centre to charge the amount of

\$ _____ on the above noted credit card.

By signing below, I, the cardholder, agree that the billing address above is valid and that I am the authorized card holder and signer for the above credit card. Further, by signing below, I irrevocably authorize the Ottawa Valley Waste Recovery Centre, or those authorized by the Ottawa Valley Waste Recovery Centre, at the Ottawa Valley Waste Recovery Centre's sole and absolute discretion, to debit the credit card account that I have identified above, (the "Account") for the payment amount I have specified above, on or after the date this form has been received by the Ottawa Valley Waste Recovery Centre. I explicitly acknowledge that it is my sole and absolute responsibility that this form be received by the Ottawa Valley Waste Recovery Centre before any payment due date, and that interest and other charges may accrue for any late payments on any invoice in accordance with the policies and procedures of the Ottawa Valley Waste Recovery Centre which may be amended from time to time. I agree that the personal information I provide for the purpose of this authorization will be used for the purposes of debiting my Account as I have authorized and generally in accordance with the terms and conditions set out in this agreement and in accordance with applicable privacy legislation. **I agree that this constitutes my irrevocable authorization to the Ottawa Valley Waste Recovery Centre to debit the payment amount indicated above on or after the date this form has been received by the Ottawa Valley Waste Recovery Centre.**

Cardholder's Signature: _____

Date of Signature: _____