



Credit Card Authorization Form

Foothills County

309 Macleod Trail, Box 5605, High River, AB T1V 1M7. Tel: 403-652-2341 Fax: 403-652-7880

www.foothillscountyab.ca



Visa



Mastercard



American Express

Assessment

Gas

Plumbing

Business License

Mapping

PSDS

Electrical

Planning

Other _____

Card Holder Name:
Business Name:
Invoice #:
Amount:
VISA / MC / AMEX #:
Security Code # (back of card):
Expiry Date:
Phone:
Authorized Signature:

The personal information on this Credit Card Authorization form is collected for the purpose of processing payments. This information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). Inquiries about the collection of this information should be directed to the Foothills County FOIP coordinator, P.O. Box 5605, High River, Alberta T1V 1M7. Telephone 403-652-2341.

For Foothills County Office Use Only	
Authorized by:	
Date:	
Receipt #:	