



44 Willow Brook Drive NW
Airdrie, AB T4B 2J5
403.948.2332

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize ACSI Western Canada to make a one time debit to your credit card listed below. Fax form to 403.948.2395. **(Do not email this form)**

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, on behalf of _____
(full name) (organization/business)

authorize ACSI Western Canada to charge my credit card account indicated below

for \$ _____ on or after _____ .
(amount) (date)

This payment is for _____ .
(event/service)

Account Type	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Cardholder Name	_____	
Account Number	_____	
Expiration Date	_____	

SIGNATURE _____

DATE _____

I authorize ACSI Western Canada to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.