



Box 30, Beaverlodge, AB T0H 0C0

Phone: 780.354.2201

Fax: 780.354.2207

I, _____ authorize the Town of Beaverlodge to charge
my credit card in the amount of _____ monthly on the _____ of the month.

Please bill my VISA

MASTERCARD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Number

--	--	--	--

Expiry mmyy

Signature: _____

Date: _____

Contact information

Phone (home) : _____ Phone (cell) : _____

Email: _____