



TO BE COMPLETED IF PAYING BY CREDIT CARD

Directions: You may complete the form fields at your computer, print, then sign and date it. OR you may print the form out and complete it using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. Credit card information should not be emailed. Mail or fax this form to the Criminal Records Review Program (address below).

PART A – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Table with 3 columns: Surname, First Given Name, Middle Name(s). Multiple empty rows for data entry.

PART B – FOR SECURITY PROGRAMS USE ONLY:

Bundle #: \_\_\_\_\_ Completed by: \_\_\_\_\_

PART C – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (check one):

Payment Type: [ ] Visa [ ] Mastercard

I hereby authorize to deduct \$28.00 for each applicant listed in Part A: \$ \_\_\_\_\_ (total payment authorized).
I wish to establish a drawdown account.
I wish to replenish an existing drawdown account.

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_
(Print Cardholder's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
Signature of Cardholder: \_\_\_\_\_ Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
(Month / Day / Year)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_
Country: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Contact phone no. ( )
Name of Organization: \_\_\_\_\_