

Credit Card Payment Authorization

Please fill out the form below and fax to BCH Actuarial Services Inc. at 1 866 458 2409.

Credit Card Information

Card type (check one): VISA MasterCard



Name (as it appears on the card): _____

Credit card number: _____ - _____ - _____ - _____

Expiry date (mm/yy): ____/____

Authorization

I, the designated cardholder of the above listed credit card, authorize BCH Actuarial Services Inc. to charge either the amount on BCH Actuarial Services Inc. Invoice # _____ or the amount of \$_____ (including tax) to the above listed card.

Signature of cardholder

Date

If you have any questions, please feel free to contact us:

BCH Actuarial Services Inc.
200 Fitch Street, Unit 26, Suite 232
Welland, ON
L3C 4V9

Phone: 1 877 620 2224
Email: jamie.jocsak@bchactuarial.ca