

## Building Division Planning and Economic Development Department

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## **Credit Card Payments – Authorization Form**

DATE:					
APPLICATION TYPE:					
PROPERTY ADDRESS:					
PERMIT NUMBER:					
Staff taking in Application		Staff entering POS			
CARD HOLDER NAME			<u>'</u>		
APPLICANT (if different from Cardholder Name)					
PHONE #					
EMAIL ADDRESS:					
RECEIPT REQUESTED:			Vi	isa	МС
ADDRESS RECEIPT		<b>"</b>			
SENT TO: RECEIPT NUMBER:			AMOUN	NT PAID:	
The City of Hamilton collects information under authority of Section 227 of the <i>Municipal Act, 2001</i> . Any personal information collected by the authorization form will be used to process payment for services provided by the City. By providing your email address, you are consenting to receiving emails from the City of Hamilton and/or their agents/contractors for purposes related to payment processing. Information collected for this initiative may be stored on servers located in Canada and the United States and may be subject to Canadian and/or American laws. Questions about the collection of this personal information can be directed to the Manager, Plans Examination, Building Division, 71 Main Street West, 905-546-2720, or building@hamilton.ca.					
Tear off Here & Shred below once entered into POS					
Visa or MC		CVN:			
Card Number					
Expiry Date:					