Embassy of Ireland - Ottawa, Canada

Authorisation for Credit Card Use

PRINT, COMPLETE AND SIGN THIS AUTHORISATION AND INCLUDE WITH YOUR APPLICATION

Credit Card Type: (insert "x" in applicable box)

VISA			•	laster C	erCard					AMERICA EXPRE	N 55				Other:					
Name on Credit Card:																				
					•			_												
Bill Address (1):																				
Bill Address (2):																				
Credit Card Number:					-					-					-					
					1	7														
Expiration Date:			/					Card	d Vei						hack	of the	credi	t card	<u> </u>	
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Issuing Bank:																				
Charge Amount:	CDN	1\$.00														
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Cardholder's N above to the credit card		ided	her	_																
agree to pay for this pu																				
attach a clear copy of b									ık out t				c. a,	5, 00.						
				ily C	reun	Car	u	*biar	ik out t	ne CV	v numi	per								
Cardholder – Please Sig	n and	l Dat	e:																	
Signature:														_						
Date:														_						
Print Name:														_						