



CREDIT CARD PRE-AUTHORIZATION

To: **Department of Finance Accounts Receivable**

Effective the _____, I, _____, authorize

DAY MONTH YEAR NAME (PRINT)

the Department of Finance to debit my credit card in the amount of \$ _____ for payment

on account _____ on the _____ of each month starting _____ until

ACCOUNT # DAY MONTH YEAR

the account is paid in full (or stop payments on _____).

DAY MONTH YEAR

Note: Changes such as payment amount, frequency, or credit card number change, will require a new pre-authorization form to be completed and submitted.

Signature of cardholder

Date (YYYY/MM/DD)

Email

Phone

Name on card: _____

Visa Mastercard AMEX

Card number: _____

Expiry date: _____
MONTH / YEAR

Submit this completed form to the Department of Finance (email or fax is not acceptable)

In person:

Government of Yukon
Main Administration Building, Inquiry Desk (1st Floor)
2071-2nd Avenue, Whitehorse

Office hours: 8:30am – 4:30pm

Mail:

Government of Yukon, Department of Finance (B-1)
Accounts Receivable
Box 2703
Whitehorse, YT Y1A 2C6

The personal information on this form is being collected for the purpose of depositing your benefits directly into your bank account. Collection of this information is authorized by the *Financial Administration Act*. Use of personal information as per the *Access to Information and Protection of Privacy Act* Section 19 A public body must not use personal information (b) beyond the amount that is reasonably necessary for the public body to carry out the purpose to which the use relates. If you have any questions about the collection or use of this information please contact the Accounts Receivable Clerk, Government of Yukon, Department of Finance, Box 2703, Whitehorse, Yukon, Y1A 2C6, 867-471-0799 or 1-800-661-0408 and ask for Financial Operations, or email Accounts Receivable Clerk at accounts.receivable@yukon.ca.