



Pre-Authorization Payment Form – Credit Card

Never worry about whether you've paid your DMTS bill again. No line-ups. No stamps. No late payment charges. No inconvenience.

To enroll or make changes to your pre-authorized credit card information please complete the form below. In accordance with the Privacy Act, the credit card holder name provided must be authorized to make changes to the DMTS account

Request Type: * * Required Fields

- New Request
- Update existing Payment Plan Information

Your Name:	<input type="text"/>	*
Telephone Number:	<input type="text"/>	*
DMTS Account Number(s):		
<input type="text" value="Account Type"/>	<input type="text"/>	*
Mailing Address:	<input type="text"/>	*
City/Community:	<input type="text"/>	*
Province:	<input type="text"/>	*
Postal Code:	<input type="text"/>	*
Daytime Number:	<input type="text"/>	*
Email Address:	<input type="text"/>	
Please specify Type of Credit Card		
	<input type="radio"/> Visa	<input type="radio"/> MasterCard
Credit Card Number:	<input type="text"/>	
Expiry Date:	<input type="text" value="Month"/> <input type="text" value="Year"/>	
Card Holder Name:	<input type="text"/>	

I hereby authorize DMTS to draw from the Credit Card described above, payment of my DMTS account on the due date. I may cancel this authorization at any time upon written notice.

Date: _____ **Signature:** _____