



Credit Card Payment Authorization

CentralPaidDuty@peelpolice.ca

Company/Name: _____

Contact Name: _____ Phone: _____ Ext: _____

I hereby give my authorization for use of the credit card information below for payment to Peel Regional Police - Central Paid Duty for services requested.

_____		_____	
Cardholder's Name (print)		Cardholder's Signature	
Visa	MasterCard	**Note: Amex is not accepted**	
			/
Credit Card #	CV # (3-Digit)	Expiry	

By completing and submitting this form you agree to the Terms and Conditions as outlined on the [Paid Duty Request Terms of Agreement](#) located on the Peel Regional Police website.