BURNABY
MEALS ON WHEELS

Phone 604 299 5754 **Fax** 604 299 3755
Email info@burnabymeals.ca **Website** burnabymeals.ca
Address 2055 Rosser Avenue Burnaby BC V5C 0H1

Burnaby NEIGHBOURHOOD HOUSE
www.burnabynh.ca

Credit Card Authorization Form

Participant name

_____ _____
First name Last name

I, _____ authorize the use of my credit card for payment of meals delivered
Cardholder name

by Burnaby Meals on Wheels to _____.
Participant name

I, _____ authorize automatic charges to this credit card every month
Cardholder name

when invoices are sent until I advise otherwise

Cardholder name	Relationship to participant	
Credit Card number	Expiration Date (mm/yy)	☐ Visa ☐ Mastercard

- ✓ Please note that payments will be processed under the name of Burnaby Community Services
- ✓ Invoices will be sent once a month for your records
- ✓ Payments will be taken automatically during the month. No further action is required

_____ _____
Cardholder signature Date