

Form CC Credit Card Authorization

Office of the Superintendent of Insurance Department of Finance, Government of Nunavut 2nd floor Parnaivik Building, 924 Mivvik Street P.O. Box 2260, Iqaluit, Nunavut, XOA 0H0

(Phone number and/or email)

OSINU-0CC-201308 I authorize the Government of Nunavut to charge my credit card for the amount of as payment for fees due to the Office of the Superintendent of Insurance of Nunavut. Type of Credit Card **Credit Card Details** VISA **Credit Card Number** Mastercard Expiry Date (mm/yy) American Express Name on card **Payment Details Alternative Payment** If the Government of Nunavut is unable to process my payment, I understand that I am responsible for arranging alternative payment. Records I understand the Government of Nunavut does not keep credit card information on file, and that it will destroy this form once it has successfully processed the payment. **Approval** (Signature of Card Holder, or Authorized Individual) I agree to this payment, and warrant that I am authorized to do so. (Name - please print clearly) (Title)