



British Columbia Institute of Agrologists

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250-380-9292 www.bcia.com

Credit Card Authorization Form for BCIA Job or RFP Posting

GENERAL INFORMATION

Position Title: _____

Job Posting #: _____ Competition End Date: _____

Employer Name: _____

CREDIT CARD INFORMATION

Name on Card: _____

Card Number: _____

Expiration Date: _____ 3 digit number on back of card: _____

Amount of Payment: _____

Authorizing Person Name: _____

Phone #: _____ Email: _____

A transaction receipt will be emailed once the credit card payment has been processed

I authorize the above transaction:

Signature: _____ Date: _____