

Pharmacy Fees Credit Card Authorization Form

Payment Authorization

A	I, _____ (Please print full name)		_____ (OCP Number if applicable)
	authorize the Ontario College of Pharmacists to charge the fee(s) selected to the credit card listed below.		
I am submitting payment on behalf of:			
Pharmacy Name:		Accreditation Number	

Fees

B	Please refer to the Schedule of Fees on our website: https://www.ocpinfo.com/wp-content/uploads/2019/12/schedule-of-fees.pdf	
	Fee Description	Total with Tax
	Grand Total to be Charged to Credit Card	

Credit Card Information

C	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
	Credit Card Number	CVV Number	Expiry Date (MM/YY)
	Cardholder's Name	Telephone Number	
	Cardholder's Signature	Date Signed	

Submit completed form by email to pharmacyapplications@ocpinfo.com
 or by fax to 416-847-8399
 or by mail to the attention of Pharmacy Applications & Renewals
 483 Huron St, Toronto, ON M5R 2R4