

REGISTRANT FEES

Credit Card Authorization Form

PAYMENT AUTHORIZATION

A I, _____, authorize the Ontario College
(Please print full name) (OCP Number if applicable)
of Pharmacists to charge the fee(s) selected to the credit card listed below.

☐ I am submitting payment on behalf of the following applicant/registrant:

Applicant/Registrant Name:

OCP Number:

REGISTRANT FEES




B Please refer to the [Schedule of Fees](#) on our website

Purpose:

Total

Amount:

CREDIT CARD INFORMATION

C	Card Type:   	CVV/CVC:
	First Name on Card:	Last Name on Card:
	Phone:	Email:
	Card Number:	Expiry Date (MM/YY):
	Address:	City:
	Prov/State:	Zip/Postal Code:
	Signature:	Date:

IMPORTANT: For verification purposes, the address information provided must match the information associated with your credit card

Submit completed form by email to registrantservices@ocpinfo.com, or mail to the attention of
Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4