

# 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:

Registrant/Applicant Name:

OCP Number:




### REGISTRANT 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>

Purpose:

Total  
Amount:

### CREDIT CARD INFORMATION

<b>C</b>	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](mailto:registrantservices@ocpinfo.com), or mail to the attention of  
 Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4