



CREDIT CARD AUTHORIZATION FORM

In lieu of my credit card imprint, I _____ hereby authorize **Brasil Remittance Inc.**, to make charges in the amount of CA\$_____ to my Credit Card. I fully understand the payment is non-refundable and that a service charge (2.63% on VISA OR 3.10% on MASTERCARD) will be added to the above amount.

Credit card Type: Visa _____ Service Charge of 2.63%
 Mastercard _____ Service Charge of 3.10 %

Credit Card Number	Expiry Date
Cardholder's Name (as it appears on credit card)	
Cardholder's Billing address (where credit card statements are sent)	

Cardholder's Signature: _____ Date: _____

ONLY FOR FREQUENT WITHDRAWALS

I authorize **Brasil Remittance Inc.** to perform frequent withdrawals from my account (stated above) for the purpose of money transfers. I shall advise in writing if any changes or cancelation should be made on this agreement.

Cardholder's Signature: _____ Date: _____

Please complete this form and fax to: (416) 588-8295

Or Email to: brasilremittance@bellnet.ca