



Retired Status Application - Credit Card Payment Form

If you wish to make a payment by credit card, please complete this form and submit it to the CDO. Once payment has been processed and cleared, this form will be securely destroyed. The CDO does not retain credit card information.

If you choose to fill this form out by hand **please print clearly**.

Section 1: Credit Card Information

Full Name:

Certificate of Registration Number:

Application Fee: \$50 + HST = \$56.50

Credit Card Type: Visa MasterCard

Credit Card Number:

Card Validation Code (CVC):
(The three numbers behind the card)

Expiry Date:
(mm/yyyy)

Name on Card:

Signature of Cardholder:

Authorized Amount \$
(including HST):

Please Note: The College does not store credit card information. If additional charges are required, a new form will be completed and submitted.

Section 2: Declaration

I certify that all information above is complete and accurate.

I hereby authorize the College of Denturists of Ontario (CDO) to charge this credit card for the amount listed above in "Authorized Amount".

Cardholder Signature

Date