



MAGYARORSZÁG OTTAWAI NAGYKÖVETSÉGE

KONZULI HIVATAL

CREDIT/DEBIT CARD AUTHORIZATION

Cardholder information

Name: _____

Billing address: _____

Requested service(s): _____

Amount: _____ CAD

Card information:

Visa/Visa Debit	<input type="checkbox"/>
Mastercard	<input type="checkbox"/>
Other	<input type="checkbox"/>

Name of cardholder: _____

Card number: _____

Card expiration date(MM/YY): ____/ ____

CVC code : _____

Signature: _____

Date: _____