

CREDIT CARD AUTHORIZATION FORM

Complete in BLACK INK only and submit this form for all credit card payments that cannot be submitted through your physiciansapply.ca account.

Please note: Credit card payments will be processed in Canadian funds only.

Surname	Given Names
MCC Candidate Code (if available)	

Reason for payment – Fee related to:

- Evaluating Examination (MCCEE)
- Qualifying Examination Part I (MCCQE I)
- Qualifying Examination Part II (MCCQE II)
- National Assessment Collaboration (NAC) examination
- Clinical skills component in family medicine
- Other Fee (please explain): _____

*** As a cardholder, I authorize the Medical Council of Canada**

to charge my card in the amount of

Credit Card Type: VISA or MasterCard acceptable ONLY **VISA** **MasterCard**

Credit Card Number:

Expiry Date:

CVV Number: *

_____/_____/_____/_____ _____/_____
month / year

** The three-digit CVV number is printed on the signature panel on the back of the card*

Cardholder must print and sign his/her name below:	
*Name of cardholder: <i>(please print)</i>	
*Signature of cardholder:	
*Address of cardholder: <i>(if different from candidate's address)</i>	

* Required