



TO BE COMPLETED IF PAYING BY CREDIT CARD, MONEY ORDER, BUSINESS CHEQUE OR BANK CERTIFIED CHEQUE

Directions: You may complete the form fields at your computer, print, and then sign and date it. OR you may print the form out and complete it using a dark ink pen, printing clearly and carefully.

The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. Credit card information MUST NOT be emailed or faxed. We cannot accept personal cheques or cash.

Please mail this form to the Criminal Records Review Program (address below).

PART B - INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Table with 3 columns: Surname, First / Given Name, Middle Name(s)

PART C - CREDIT CARD PAYMENT AUTHORIZATION:

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (check one):

Payment Type: [ ] Visa [ ] Mastercard

[ ] I hereby authorize to deduct \$28.00 for each applicant listed in Part B: \$ (total payment authorized).

[ ] I wish to establish a drawdown account.

[ ] I wish to replenish an existing drawdown account.

Credit Card Number: Expiry Date: (Month / Year)

Print Cardholder's Last Name: First Name:

Signature of Cardholder: Date Signed: (Month / Day / Year)

Mailing Address: City:

Province: Country: Postal Code: Contact Area Code & Phone No.

Name of Organization: Party ID:

PART D - PLEASE SELECT IF PAYING BY MONEY ORDER OR CERTIFIED CHEQUE

[ ] Money order is attached [ ] Certified cheque is attached [ ] Business cheque is attached