



Credit Card Authorization Information

Please use this form to pay MAHTA by Credit Card for your Job Posting. We accept Visa and Master Card. Please write clearly so your information can be processed promptly. Once completed please fax this sheet to the MAHTA office 204-896-6756 or scan and email it to: mahta@mts.net

CREDIT CARD INFORMATION

Credit Card Type (check one): VISA MasterCard

Credit Card Number: _____ Expiration Date: Month _____ Year _____

Card Holders Name: _____

Facility/ Clinic Name: _____

Amount Authorized _____

Signature of Card Holder: _____

Office Use Only:

Date Processed: _____

Authorization Number: _____