



Payment Remittance Form

Name of Member or Licensee: _____

Payment accepted from: _____

Phone: _____

APPLY TO INVOICE NUMBER: _____

AMOUNT OF PAYMENT: _____

CREDIT CARD:

Visa Mastercard

Card number: _____

Name on card: _____

Expiry date: _____ CVV #: _____

Address associated with card: _____

City: _____ Postal code: _____

SIGNATURE OF CARDHOLDER: _____

Disclaimer: Remitting this information via email may not be secure. The SAA does not take any responsibility for appropriated email transactions.

Personal information contained on this form is collected under *The Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.