

To: **Department of Finance Accounts Receivable**

Effective the _____, I, _____
DAY MONTH YEAR NAME (PLEASE PRINT)

authorize the Department of Finance to debit my credit card in the amount of \$ _____ for
payment on account _____ on the _____ of each month starting _____ until
ACCOUNT # DAY MONTH YEAR
the account is paid in full (or stop payments on _____).
DAY MONTH YEAR

Note: Changes such as payment amount, frequency, or credit card number change, will require a new Pre-Authorization Form to be completed and submitted.

Signature of Cardholder

Date (YYYY/MM/DD)

Name on card: _____

Visa Mastercard AMEX

Card number: _____ Expiry date: _____
MONTH / YEAR

Submit this completed form to the Department of Finance (*email or fax is not acceptable*)

In person:

Government of Yukon
Main Administration Building (third floor)
2071-2nd Avenue, Whitehorse
Office hours: 8:30am – 4:30pm

Mail:

Government of Yukon, Department of Finance (B-1)
Accounts Receivable
Box 2703
Whitehorse, YT Y1A 2C6