



PAYMENT FORM

Privacy & Security

The College collects personal information in accordance with the requirements of Section 26 of the Freedom of Information and Protection of Privacy Act. As per Section 30 of the Act, the College takes reasonable measures to protect this information and provide security against risks such as unauthorized use, disclosure, or disposal.

By completing this form, you authorize the College of Complementary Health Professionals of BC (CCHPBC) to withdraw the indicated amount from your account on or after the indicated date. This consent is for a single transaction and in no case does it authorize any other operation related to your account.

The information provided below will be retained for up to thirty (30) days to permit payment transactions with your financial institution. After thirty (30) days, it will be removed from our active records management system. Any Information that remains in our backup system is securely stored and isolated from any further processing until deletion is possible.

PAYMENT DETAILS

☐ Bank Draft/Money Order

☐ Cheque

☐ VISA

☐ Mastercard

Instructions Below Credit Card Details Section

Fill Out Card Details Below

Name on Card:

Credit Card Number:

Expiration (MM/YY):

CSV/Security Code:

Signature

Date (yyyy/mm/dd)

Payment By Certified Cheque or Bank Draft

Payable to: **College of Complementary Health Professionals of BC**

Forward your certified cheque or bank draft to:

**College of Complementary Health Professionals of BC (CCHPBC)
900 – 200 Granville Street
Vancouver, BC, V6C 1S4**