

Attach this payment form with the application(s).

Transaction Type	Name(s) of Applicant(s) – <i>Please Print</i>	Licence Number <i>(if applicable)</i>	Fee	
			\$	¢
1 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
2 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
3 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
4 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
5 <input type="checkbox"/> Licence – Renewal <input type="checkbox"/> Licence – New <input type="checkbox"/> Other				
<i>(Attach a separate page, if necessary)</i>				
I authorize the cost of this application to be debited to my credit card			TOTAL ➔	

Do not detach: Payment information will be destroyed upon processing by the Bereavement Authority of Ontario.

Payment Information		
Card Number	Expiry Date (MM/YYYY)	CVV (3 digits)
Name of Cardholder (please print)		
Billing Address		Cardholder Email Address
Signature of Cardholder		Date (YYYY/MM/DD)

Information will be treated in accordance with the Bereavement Authority of Ontario’s Privacy Policy available at www.thebao.ca.