



**Government Of Nunavut**  
**Department Of Finance, Taxation Section**  
**P.O. Box 2260**  
**Iqaluit, Nunavut X0A 0H0**  
**Phone: 867-975-5837 Fax: 867-975-5845**

## **Payment Authorization Form**

Instructions: Fax the completed and signed form to 867-975-5845  
or email to payrolltax@gov.nu.ca.  
**\* PLEASE PRINT CLEARLY \***

This form authorizes the Government of Nunavut to debit your credit card (Visa, AMEX or MasterCard) for any and all fees, recurring or otherwise, relating to your account(s).

I authorize the GN to charge my:  Visa  MasterCard  AMEX

For Payroll Tax Account # \_\_\_\_\_

I authorize the Government of Nunavut to debit my credit card for payment, as indicated below, in the amount of \$\_\_\_\_\_. If the Government of Nunavut is unable to process my payment, I will be responsible for an alternative payment arrangement.

Credit Card #: \_\_\_\_\_

Expiry Date (mm/yy): \_\_\_\_\_

CreditCard Verification Code \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Print name of card holder: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Date: \_\_\_\_\_