



Employer Payment Form

Thank you for supporting the importance of licensure and practice standards for your optician employee(s).

Before completing this form, please ensure that all your optician employee(s) have submitted their online renewal applications and have selected '**Employer Payment**' as payment type. We can only process the payment for the correct authorized amount. Have your optician employee(s) inform you of the amount or you can check our fee schedule on our website at http://cobc.ca/All_fees.aspx.

How to pay

E-transfer – send an e-transfer for the total amount to reception@cobc.ca using **cobcrenewal** as the security answer.

Credit Card – complete the credit card details below and ensure that you authorize the total amount and sign the form. **We cannot process any payment forms with missing information.**

Type of card:	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>
Name on Card:	_____			
Card Number:	_____			
Expiry Date:	_____			
CW:	_____			
Total Amount to be Charged:	_____			
Signature:	_____			

Please provide us with an email address if you would like to receive a copy of the receipt.

Email: _____

Optician Employee Information

Optician Employee Name:	Renewal fee:
Registrant Number:	
Optician Employee Name:	Renewal fee:
Registrant Number:	
Optician Employee Name:	Renewal fee:
Registrant Number:	
Optician Employee Name:	Renewal fee:
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