



The War Amps

NATIONAL AMPUTEE CENTRE

Payment Authorization

The client is to sign this Payment Authorization form once the work has been completed.

This signed form must accompany your invoice to The War Amps in order to have your payment processed.

The work, as described on invoice # _____ has been completed to my satisfaction at time of receipt. If further adjustments are required, it is my responsibility to contact my prosthetic centre and notify the National Amputee Centre to ensure they are not paying for services not rendered to my satisfaction.

Client name: _____ Date: _____
(PLEASE PRINT)

Client Signature: _____

** Champs 18 years of age and over must sign their own payment authorization.*

Forward your invoice and this form to:

**The War Amps
National Amputee Centre
2827 Riverside Drive
Ottawa, ON K1V 0C4**

**Telephone: 613 731-3821
Fax: 613 731-3234**