

# Credit Card Authorization Form Rev 2021

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	MasterCard	VISA	Discover	AMEX
	Other			
Cardholder Name (as shown on card):				
Card Number				
Expiration Date (mm/yy)				
Cardholder ZIP Code (from credit card billing address)				

I, \_\_\_\_\_, Authorize South Florida PBA to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Email address (do NOT use work email)

\_\_\_\_\_  
Contact Phone Number