

# Public Employees Local 71 Credit Card Authorization Form

Name of Member/Applicant: \_\_\_\_\_

Please Circle Card Type:    Visa    Mastercard    American Express    Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_                      CCV: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ (USD)

I authorize Public Employees Local 71 to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this charge in accordance with the issuing bank's cardholder agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In order to assure prompt processing, please make sure all lines are completed.

Thank you for your payment!