Public Employees Local 71
Credit Card Authorization Form
(ONE TIME AUTHORIZATION)

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. Please be aware that this form is for one payment. Local 71 does not currently have a recurring format for payments. This form will be shredded upon completion of your payment.

Thank you for your payment!