



# Credit Card Transaction Authorization Form

## Card Holder Information

<b>First Name</b>	
<b>Last Name</b>	
<b>Middle Name/Initial</b>	
<b>Billing Address</b>	
<b>Billing Address</b>	
<b>Apartment Number</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Email</b>	

## Credit Card Information

**Credit Card Type:**  Visa  Mastercard  Discover  American Express

**Card Number** \_\_\_\_\_

**Card Expiration** \_\_\_\_ Month \_\_\_\_ Year

**3-Digit Security Code** \_\_\_\_\_

I authorize the Howard University Alumni Club of Westchester and Rockland to charge my credit card for the amount of \$\_\_\_\_\_.\_\_\_\_\_, plus any applicable credit card processing fees.

**Authorization**

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

## Transaction Information

**Please indicate the purpose of the credit card transaction?**

- Membership
- Event
- Donation
- Other \_\_\_\_\_

Administrative Use Only

Date Processed: \_\_\_\_\_