

Credit Card Authorization Form

Credit Card Information
Card Type:
Card Holder Name (as shown on the card):
Card Number:
Expiration Date (mm/yy):
Amount To Be Charged:
Cardholder Billing Address:

I, _____ authorize the College and Association of Acupuncturists of Alberta to charge my credit card above for agreed upon fees. I understand that my information will be saved in my confidential file.

Member Signature

Date

*NOTE: THERE WILL BE A 2.5% SERVICE FEE ADDED TO YOUR TRANSACTION CHARGED BY MONERIS.