



Credit Card Authorization Form

Your payment will appear on your credit card statement as "Midwest PBIS Network."

Event Name/Date: _____

Registrant(s): _____

Type of Card (circle): Visa MasterCard Discover American Express

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ 3 or 4-Digit Security Code: _____

Payment Amount: \$ _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

The undersigned hereby states that I have the authority to execute this credit card authorization and agree that this authorization will be effective on the date signed below. I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as original, and this Credit Card Authorization cannot be revoked.

Cardholder's Signature: _____ Date: _____

Return your completed form via email to support@midwestpbis.org.