



**Texas Associations of Professionals F C U**  
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**CREDIT CARD CHARGE AUTHORIZATION**

**NAME ON CARD:** \_\_\_\_\_

**CREDIT CARD TYPE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**SECURITY CODE ON BACK OF CARD:** \_\_\_\_\_

**AMOUNT OF CHARGE:** \_\_\_\_\_

**PURPOSE OF CHARGE:** \_\_\_\_\_

**BY SIGNING THIS FORM, I AUTHORIZE A ONE TIME CHARGE ON THE ABOVE REFERENCED CARD FOR THE AMOUNT STATED ABOVE.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_