

Credit Card Authorization Form

CARDHOLDER INFORMATION		
Name (as shown on card):		
Billing Street Address:		
City:	Province:	Postal Code:
Email:	Phone:	

CREDIT CARD INFORMATION	
Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Visa Debit	
Card Number:	
Expiration Date (MM/YY):	Security Code (CVV):

I hereby affirm that I am the owner of the above-referenced credit card and that **my name** is listed on the front of the credit card.

I hereby authorize UNISON at Veiner Centre (Unison Society) to charge my credit card (listed above) for agreed-upon purchase on or around the 20th of each month.

I understand that my information will be securely stored for future transactions on my account. I understand that I can cancel this authorization in writing at least 15 days before my account is charged.

 Cardholder Signature

 Date

Please return this form in-person to the address below,
or via email to MOW@UnisonAlberta.com.