Completion of this form gives NCCASA express authorization to process payments using the credit card listed below. Credit card payments will not be processed if all the required information below is not completed. Please ensure all fields are completed and accurate. Incorrect information will delay the processing of your payment. Thank you

**Credit Card Authorization Form**

**Customer Name as it Appears on Card: **

**Billing Address** (as shown on credit card statement)

 

 

**Amount to be charged to Card**: 

**NOTE: A $3.00 Processing Fee will be charged to your Credit Card**

Type of card: **Visa**  **Mastercar**d  **American Express** 

 Other (specify) 

**Credit Card Number:** 

Expiration Date:   (MM – YY)

Credit Card Security Code:  (3-digit Number on Back of Visa / Mastercard)

 (4-digit Number on Front of American Express)

**Authorized Signature**: 

Phone: 

E-Mail address: @

**For more information contact NCCASA**

**Phone: (919) 871-1015 Fax: (919) 871-5895 Email:** **info@nccasa.org**