

CREDIT CARD AUTHORIZATION FORM



All information must be completed.

If you have any questions, please contact accounting directly at 202-406-1260

Member Information

Member Number: _____

Member Name: _____

Address: _____

City State, Zip: _____

Phone Number /
Email: _____

Is the above new information requiring an update for our membership records? Yes No

Credit Card Information

Card Type: AMEX VISA MC DISCOVER (choose one)

Name on Card _____

Card Number: _____

Expiration Date: _____ / _____ Security Code _____

Billing Address: _____

_____ I authorize the Capitol Hill Club to make a **one-time charge** of _____ to the credit card listed above.

_____ I authorize the Capitol Hill Club to charge my **monthly statement balance** to the credit card listed above.
(Credit cards are usually charged on or around the 15th of each month.)

Email address to receive copies of monthly statements: _____

Signature

Date

**Fax to 202-484-5808 (please call accounting to confirm receipt of fax) or
Email to accounting@capitolhillclub.org**