



**The University Club**  
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### Credit Card Authorization Form

#### CARDHOLDER INFORMATION

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

I, \_\_\_\_\_ authorize The University Club of the UofA to charge the credit card below on 5<sup>th</sup> business day (or after) of the month for charges on my account. By completing this form, I understand I will pay monies owing on account # \_\_\_\_\_.

I will advise, in writing, of any changes to this agreement.

Card type:    Mastercard            Visa

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

CVV: \_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Signature