

THE University CLUB



11435 Saskatchewan Drive Edmonton, AB T6G 2G9

Phone 780.492.4231 Fax 780.492.4199

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name on Card: _____

Billing Address: _____

I authorize The University Club of the University of Alberta Edmonton to charge the credit card ending in _____ the following week of statement date. By completing this form, I understand I will pay monies on membership number _____. I will advise, in writing, of any changes to this agreement.

A 2% processing fee will be applied to credit card payments of \$2500.00 and more.

Name

Signature

This section is for office use only

Date Received: _____

Processed by: _____

Filing Date: _____

Please fill out this lower section with your Credit Card information

Credit Card: MasterCard Visa American Express

Credit Card Number: _____

Expiry: _____

CVV: _____