

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 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.

Name

Signature

For Office Use Only

Date Received: _____

Processed by: _____

Filing Date: _____

Credit Card:

MasterCard

Visa

American Express

Credit Card Number: _____

Expiry: _____

CVV: _____

THIS PORTION IS TO BE DESTROYED UPON PROCESSING