



TWUA Southeast Region

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

I, _____, authorize TWUA SE Region to charge my credit card below for agreed upon purchases in the amount of _____ (plus any applicable credit card fees not to exceed 3.5%). I understand that my information will be destroyed after the transaction takes place to keep my personal information safe.

Customer Signature

Date

Please email entire form to twuasetreasurer@yahoo.com or mail to PO Box 7851, Beaumont, TX 77726

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Company Name: _____	
Cardholder Name (as shown on card): _____	
Card Number: _____	CVV: _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

For Office Use Only: After Card is charged per request, cut at the dashed line and destroy the bottom portion of this form. The top is to be maintained for record of authorization.