



CREDIT CARD AUTHORIZATION FORM

This form should be returned with your Membership Application Form if you want to pay all or part of the Joining Fees. Please note the following:

- ✓ Application processing may be delayed if the information below is incomplete, not legible or incorrect, or Credit Card is declined.
- ✓ The Applicant must be the Credit Card holder (except minors).
- ✓ Name on the credit card voucher must be as it appears on the Card.
- ✓ Credit Card Voucher must be signed.

Amount To Be Paid: _____

Forms of Payment Include: \$ _____ Credit Card (fill out Credit Card Voucher below)
\$ _____ Cashier's Check/Money Order (if applicable)

-----CREDIT CARD VOUCHER-----

I hereby authorize SAG-AFTRA to charge the credit card identified below in the amount indicated below.

Applicants Professional Name: _____

SAG-AFTRA ID Number: _____

Card Type (Circle One): Mastercard Visa American Express Discover

Print Name as it appears on the Card: _____

Billing Address: _____

Contact Information (in the event the card is declined): _____

Phone

email

Card Number: _____

Expiration Date (mm/yyyy): _____

Security Code (CSV): _____

Amount to be Charged (US Dollars): _____

Signature Of Cardholder: _____

Date of Request: _____