

One-Time Use Credit / Debit Authorization

To: Arizona Association of REALTORS® Customer Service

Fax: **(602) 351-2474**

Date of Request: _____

1. I authorize Arizona Association of REALTORS® to charge my: Visa Card
 Mastercard
 Debit Card
 Other _____

2. This is a one-time authorization to charge my credit / debit card in the amount of \$ _____

3. Card Number _____

4. Expiration Date: _____

5. Names as it appears on the card: _____

6. Billing Address [City, State, Zip] _____

7. Daytime Phone Number: _____

Description of Charge [Include Case Name and/or File Number if applicable]

8. This debit is on my behalf Yes No [If no, complete #9]

9. This debit is on behalf of _____

10. You acknowledge that you are the owner or authorized signer on this debit / credit card:

Cardholder Signature _____

[Use Black ink. Electronic Signature will not be accepted.]

Fax this completed and signed authorization to: **(602) 351-2474**

Office Use Only Beyond This Point

440.2 – 1605

440.4 – 1605

440.6 – 1605

440.10 – 1605

440.3 – 1605

440.5 – 1605

440.11 – 1605