

One-Time Use Credit / Debit Authorization

To: Arizona Association of REALTORS®

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. CVV: _____
6. Names as it appears on the card: _____
7. Billing Address [City, State, Zip] _____
8. Daytime Phone Number: _____

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

9. This debit is on my behalf Yes No [If no, complete #9]
10. This debit is on behalf of _____
11. 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.**]

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