

## Credit Card Payment Authorization Form

Please complete and return this form by email to [info@cpabermuda.bm](mailto:info@cpabermuda.bm) or fax to (441)295-3121  
All information will be kept confidential

### Member Information:

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

### Credit Card Billing Information:

Billing Address Line 1: \_\_\_\_\_

Billing Address Line 2: \_\_\_\_\_

Parish: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Credit Card Type:                      Visa              Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

CCV Code: \_\_\_\_\_ (last 3 digits located on the back of the credit card) Amount to Charge: \$ \_\_\_\_\_

I authorize the Chartered Professional Accountants of Bermuda to charge the amount listed above to the credit card provided herein.

Cardholder – Please Sign and Date:

Name on Card: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Email address: \_\_\_\_\_

### For office use only

Date Processed:

Processed by: