



Beta Alpha Psi Credit Card Authorization Form

For payments by universities, student unions and campus organizations.

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US BY:

SECURE FAX: 1-800-362-5066. Please **do not email** this form.

Membership Dues and Chapter Maintenance Fees are non-refundable.

School Name: _____ Chapter Number: _____

Faculty Advisor Name: _____ Email: _____

Check One: Membership Dues Chapter Maintenance Fee

(For membership dues, please include a list of the names to apply payment towards). All charges are non-refundable. If you charged a record in error, please contact the Executive Office to correct.

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ American Express

Credit Card Number: _____

Cardholder Name: _____ Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Amount to Charge: \$ _____

I authorize Beta Alpha Psi to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Please sign, date and print name below.

Signed: _____

Date: _____

Name: _____

Thank you for your payment. Questions? Call 1-919-402-4044