

AUTHORIZATION FOR AUTOMATIC CREDIT/DEBIT CARD PAYMENT
 Please use a blue or black ball point pen. Information on this form supersedes all previous forms.

Card # _____ Exp Date _____

CID# _____ (3 digit number found on the back of your card, or 4 digit on the front of American Express)

- I hereby authorize payment of my **Monthly PPAR and RSC fees.**
Fees deducted between the 20th and 25th of the month.
- I hereby authorize payment of my **Annual Membership dues.**
Fees deducted between August 20th and 25th.
- I hereby authorize a **Voluntary Political Survival Committee contribution** of \$25.00 or the following amount \$ _____. Fees deducted between August 20th and 25th.

**** I understand I am responsible for notifying PPAR of any changes to my credit/debit card information. ****

Signature of Agent _____

Printed Name of Agent _____

Printed Name (as it appears on card): _____

Address credit card statement is mailed to: _____

****Signature of cardholder if different than Agent:** _____

PPAR Member # _____

In addition, I authorize the following members to be charged to my credit card:

_____	_____
_____	_____
_____	_____
_____	_____

**Please mail this form to the address below or fax to the Accounting Dept. at 719-476-8177
 Or Email to: ppar.accounting@ppar.org**

