



PHOENIX
REALTORS®

PAYMENT AUTHORIZATION FORM

Cardholder Name: _____ Payment For: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Card Type (please check one): VISA Mastercard Discover American Express

Credit Card Number: _____

Expiration Date (MM/YY): _____ / _____ Security Code: _____

PLEASE TYPE YOUR FULL NAME TO INDICATE that you have read and understand the **Dues Schedule**, and you authorize Phoenix REALTORS® to charge the credit card listed above. Credit Card charges will appear on your statement as REALTOR® Association - Chicago IL.

Date

Please send the completed form to:
Membership Team at membership@phoenixrealtors.com.