



## 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](mailto:membership@phoenixrealtors.com).