

Credit Card Authorization Form

For your convenience, the SCOPA can process payments for dues, meetings or events using your credit card. Please complete this entire form in order to authorize the SCOPA to set up your recurring draft or for any one-time payments you would like to issue on your card. If your card expires while on a recurring draft, the SCOPA will send you an invoice in the mail.

You may fax or e-mail your completed form to the SCOPA Office at 803-799-1064 or <u>info@sceyedoctors.com</u>. You may also mail to 2730 Devine Street, Columbia, SC 29205. If you have any questions, please contact the SCOPA office by calling toll free 877-799-6721. *Thank you for your membership!*

We accept Visa, MasterCard, Discover and American Express.

Name:		
Billing Address:		
City:	State:	_ Zip Code:
Phone number:	E-mail address:	
Card Number:		Exp. Date:
CVV Code:	Zip Code:	

*** Please note, a receipt will be sent to the e-mail address that is provided above (check spam/junk folder.) If you receive an invoice and you are set-up on recurring payments, this means your payment was NOT received and you need to contact the SCOPA office with your updated card.

<u>SCOPA Payments</u> - I would like my credit card charged:

- Annual dues payment in the amount of \$_____
 Payment is due no later than March 15, 2018.
- Quarterly dues payment in the amount of \$______
 Your card will be charged on the 15th of the following months: January, April, July and October.
- Biannual dues payment in the amount of \$_____
 Your card will be charged January and July 15th.

□ **One-time** payment to the SCOPA (meeting, dues, balances): \$_____

For SCOPA member dues payment amounts, please refer to the dues investment schedule. Please make sure you submit the correct amount to the SCOPA.

Signature: