



Credit Card Authorization Form

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. Please check spam and junk folders.

Please check here if this card is used for both SCOPA and SCOPA – PAC.

SCOPA Payments - I would like my credit card charged:

- Annual dues payment** in the amount of \$ _____
Payment is due no later than March 15, 2019.
- 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 (keep card on file for future authorized payments): \$ _____
- One-time** payment to the SCOPA – do not keep card on file: \$ _____

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 or does not run for another purpose, the SCOPA will send you an invoice in the mail. **Thank you for your membership!**

Signature: _____ Date: _____