



CREDIT CARD AUTHORIZATION FORM

PHI BETA SIGMA FRATERNITY, INCORPORATED

Corporate Headquarters

145 Kennedy Street, NW | Washington, DC 20011-5294

www.phibetasigma1914.org

AUTHORIZATION AGREEMENT

Phi Beta Sigma Fraternity, Inc. ensures security and confidentiality with any and all financial information supplied by you or by your financial institution regarding this authorization. Please refer to your Blu Print account for payment verification transaction.

If you are paying membership dues, please be sure to download, complete, and submit the [PBS-1 Form](#) along with your email or fax. COMPLETED FORMS CAN BE SENT BY EMAIL: finance@phibetasigma1914.org or FAX: (202) 882-1681

PAYMENT INFORMATION

Cardholder Name: _____

Credit Card Number: _____

Card Type: VISA MASTERCARD AMEX DISCOVER

Expiration Date: _____ Card Security Code: _____

Authorized Amount: \$ _____ *Credit Card Payments will Incur a 4% Processing Fee.*

FOR ACCOUNTING USE ONLY

4% Processing Fee: \$ _____

TOTAL: \$ _____

SIGNATURE

I authorize Phi Beta Sigma Fraternity, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Authorized Signature (Primary): _____

Date: _____