

Credit Card Authorization

One-Time Payment

Full Name: _____ Date: _____

Office: _____ License#: _____

Reason: _____ Amount: _____

Signature: _____

I hereby authorize the Greater Tyler Association of REALTORS® to process a one-time payment using the card information indicated below:

----- **STAFF DETACH AND SHRED** -----

Visa MasterCard American Express Discover

Card Number: **We will call you for the CC#** _____

Expiration Date: _____ CVV (3digits on back – Visa/MC/Disc, 4 digits on front of AMEX) _____

Cardholder Name: _____

Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

****This form is used ONLY for one-time payments.**