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## Credit Card Authorization & Enrollment Form

### **CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

ACSA Member #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Phone #: \_\_\_\_\_

I authorize a one-time charge against my credit card for the follow amount \$ \_\_\_\_\_

I authorize ACSA to automatically charge my credit card account, identified below. I authorize the credit card institution below to accept such transactions initiated by ACSA. The authorization shall remain in effect until ACSA has received written notification from me of termination.

### **CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_\_