



MISSOURI
STATE ASSOCIATION

Credit Card Authorization Form

In consideration of being permitted to register and enter into Regional STAR Events without having provided payment of the conference registration fee, I hereby authorize payment to be made to Missouri FCCLA on my credit card on _____ (date – 30 days after the Regional STAR Events date) for \$_____, on behalf of _____ (Chapter Name) for the _____ (event name) registration fee plus a 20% convenience fee, unless I provide payment of the conference registration fee by some alternate method prior to _____ (date – 30 days after the Regional STAR Events date).

Name

Chapter

Email Address

Phone Number

CREDIT CARD INFORMATION

Credit Card Type: MC V AMEX DISC

Credit Card Number

Expiration Date

Security Code

ZIP Code

Billing Address:

Street Address

City, State ZIP Code

Name on Card

Signature of Cardholder