

## Credit Card Authorization Form

Please e-mail this completed form to: [lloydkjessen@gmail.com](mailto:lloydkjessen@gmail.com)

Name on the Card: \_\_\_\_\_

Type of Card:  Visa  MasterCard

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Event Name & Date: ***District Five Annual Meeting, August 6-8, 2026***

Amount to be charged: \$ \_\_\_\_\_\*

(Charge will appear as "District Five NABP/AACP" on your credit card statement)

By signing this form, you authorize District Five NABP/AACP to charge your card for the amount listed above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\*Credit card processing fee of 5% will be added to the amount due