



"Upholding Integrity, Striving for Excellence"

**THE BAHAMAS INSTITUTE OF CHARTERED ACCOUNTANTS
CREDIT CARD AUTHORIZATION FORM**

Please specify purpose of your payment by placing an X in the appropriate box.

Name: _____
(First Name, Last name)

Membership Number: _____

Telephone Contact: _____

Email Address: _____

Membership Renewal	
Membership and License Renewal	
Late Fee	
CPD	
Other (specify)	

Credit Card Information

Name as it appears on card:	(First Name)	(Middle Initial)	(Last Name)
Credit Card Number:			
Expiration Date:	-- / --		
Total Amount to be charged	\$		

I, _____ give The Bahamas Institute of Chartered Accountants permission to charge my (VISA/Master Card) credit card \$ _____.

Signature

Date