



**CREDIT CARD AUTHORIZATION FORM**

Rower's Name: \_\_\_\_\_

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

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

Credit Card: (Check one) Amex \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

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

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

(4 numbers on front or 3 on the back)

Billing Preference for club dues (check one): \_\_\_annually \_\_\_bi-annually \_\_\_monthly

E-mail address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Submission of this form is required.** This information will be held in strict confidence.  
Credit Card information may be emailed directly to [treasurer@miamirowing.org](mailto:treasurer@miamirowing.org)

Mailing Address: 3109 Grand Avenue, Suite 332 ▪ Miami, Florida 33133