







# AMERICAN COUNSEL ASSOCIATION

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## Credit Card Authorization Form

EXACT NAME ON CREDIT CARD:				
BILLING ADDRESS FOR CREDIT CARD:				
NUMBER & STREET:				
CITY:	STATE:	ZIP CODE:		
CREDIT CARD HOLDER'S TELEPHONE NUMBER:				
CREDIT CARD ACCOUNT NUMBER:				
TYPE OF CARD:				
EXPIRATION DATE:		SECURITY CODE:		
TOTAL AMOUNT TO BE CHARGED ON CREDIT CARD:	\$			

*The card holder hereby authorizes the American Counsel Association or its successor-in-interest to irrevocably charge the above-identified credit card in the amount indicated below upon receipt of this Authorization by copy, facsimile, or in original form. A copy of this Credit Card Authorization Form shall have the same enforceability as an original document. The card holder understands and agrees to the submission of the charges indicated below to the above credit card for payment of dues, events, etc. Please note that the charge will appear on your statement in the name of Miller, Turetsky, Rule & McLennan, PC, Collegeville, PA however payment will be made to the American Counsel Association.*

*Please indicate what the fees are for:*

		PAYMENT AMOUNT
MEMBERSHIP DUES	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
SCHOLARSHIP AWARD DONATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
DONATION TO ACA	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
EVENT ATTENDANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
NAME OF EVENT:		

DATE

CARD HOLDER'S SIGNATURE

KINDLY COMPLETE THE FORM AND RETURN IT VIA FACSIMILE OR EMAIL TO MICHELLE CALKINS AT:

(610) 489-1157

[MCALKINS@MILLERTURESKY.COM](mailto:MCALKINS@MILLERTURESKY.COM)