Keep It Natural Arkansas

60th Annual Meeting
Southeastern Association of Tax Administrators
July 11-14, 2010 - Little Rock, Arkansas

Credit Card or Echeck Payment Authorization Form

This form is used only to process credit card or electronic check payments after a delegate has completed their online registration or is submitting a paper registration form, and there is a balance due which is to be paid other than by check. If you paid your entire registration fees by credit card or echeck at the time you completed your online registration, then this form should not used.

Delegate's Name: _____

Phone number where you can easily be reached during the day: _____

Registration Method (circle one): ☐ Paper or ☐ online

Total Registration Fees:$_____ Total amt previously paid: by Check $_____ or credit card/echeck $_____ Current Bal Due $_____

Other comments (if applicable): _____

_____

CREDIT CARD PAYMENT AUTHORIZATION (A fee equal to 3% of the authorized amount will be applied)		ELECTRONIC CHECK PAYMENT AUTHORIZATION (A fee equal to 3% of the authorized amount will be applied) (There will also be a $10.00 fee for returned insufficient echecks)	
Name (as it appears on the card)		Bank Name	
Billing Address		Billing First Name	
City		Billing Last Name	
State		Billing Address	
ZIP/Postal Code		City	
Country		State	
Credit Card Type (MasterCard, Visa, Discover, Amex)	Mastercard VISA Discover Amex	ZIP/Postal Code	
Credit Card Number		Country	
Expiration Date (mm/yyyy)		Routing Number	
CVC # (3 digits on back of Visa/MC or 4 digits on front of Amex)		Account Number	
Phone Number		Account Type	☐ Checking ☐ Savings
Credit Card Payment Amount	$	Phone Number	
Signature		Echeck Payment Amount	$
		Signature	
Office use only		***Office use only***	
Authorization Code:		Authorization Code:	
By/ Date:		By/Date:	

Please send this form to: Darrell W. Smith, Executive Director Southeastern Association of Tax Administrators
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