



# National Extension Association of Family & Consumer Sciences

## Payment Authorization Form

Please use this form to send a check for your conference registration, or if you would like to pay by more than one method. Please submit this form along with your registration confirmation to:

NEAFCS  
325 John Knox Rd. Suite L103  
Tallahassee, FL 32303

Registrant's Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

### Payment Method:

Cash

Amount: \_\_\_\_\_

Check (payable to NEAFCS)

Amount: \_\_\_\_\_

Credit Card

Amount: \_\_\_\_\_

Visa

MasterCard

American Express

**Total Amount:** \_\_\_\_\_

### Credit Card Authorization:

I authorize NEAFCS to debit my credit card(s) for the amount(s) referenced above for the 2017 Annual Session.

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

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

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

Sec. Code: \_\_\_\_\_

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

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail of the person on the credit card: \_\_\_\_\_

### Signature of the Person on the Credit Card:

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

*We will not process this payment without the signature of the person named on the credit card.*