



### Credit Card Authorization Form

I, \_\_\_\_\_, authorize the Oklahoma Association of Student Financial Aid Administrators (OASFAA) to charge the credit card for \_\_\_\_\_. I authorize \$\_\_\_\_\_ for \_\_\_\_\_. (Indicate OASFAA 17-18 Membership or Conference Registration.)

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Authorized Signature

\_\_\_\_\_

Name on Credit Card

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Security Numbers

\_\_\_\_\_

Date to be charged

\_\_\_\_\_

Zip Code associated with credit card