

Payment Authorization form

Sun Coast PBA
14141 – 46th Street N. #1205
Clearwater, FL 33762
FX – (727) 530-4816

Master Card / Visa Draft Authorization

I, _____ authorize Sun Coast PBA to debit my Visa/MasterCard for my monthly PBA dues, Aflac and/or dental premiums.

Name as it appears on your card: _____

Card #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ Phone #: (____) _____ - _____.

Address: _____

City: _____ Zip: _____

I understand this authorization is voluntary and I may revoke it at any time by giving the Sun Coast PBA thirty (30) days advance notice in writing.

Signature

Date

Print Name

Agency / Job Title