



AM Dues Credit Card Authorization Form

CONTACT INFORMATION

Name: _____

Company/Bank: _____

Address: _____

City/State/Zip: _____

Phone: _____ email: _____

PAYMENT INFORMATION

I authorize the credit card listed below to be charged in the amount of (select one):

\$1,025 for 2020-2021 Associate Membership Dues (membership will expire June 30, 2021)

\$1,537.50 for pro-rated 2020-2021 Associate Member Dues + 2021-2022 Associate Member Dues (membership will expire June 30, 2022)

Card Type: American Express Discover MasterCard Visa

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature: _____

RETURN TO THE ADDRESS BELOW:

Jim Seay/Florida Bankers Association
1001 Thomasville Road, Suite 201, Tallahassee, FL 32303
Email: mmatherne@floridabankers.com
Secure Fax: (850) 297-1000

PLEASE RETAIN THIS FORM TO SERVE AS YOUR RECEIPT FOR PAYMENT

FBA TAX ID # 59-1398673

