South Florida Council – Boy Scouts of America

(Registration \ Membership Payment)

Unit number :_____

Credit Card Authorization

Name (exactly as it appears on your credit card)

Billing Address for Credit Card {required}

Business Name (if applicable)

City {required}

Cell Phone {required}

State, ZIP {required}

$_____

Amount (plus 3% charge)

Account Number

Expiration Date MM/YY

CSC / CVV#
Credit Security Code

I authorize South Florida Council to charge the account specified above for the payment of my invoice/pledge. I agree to pay the total amount, in compliance with the cardholder agreement. **If my credit card charge should be declined, I agree to pay a $5.00 additional fee.**

X_____

Signature

_____

Date