



CREDIT CARD AUTHORIZATION FORM

MY PARTICULARS

Name:	
Mobile No.	
Email Address:	
Membership Number:	

CREDIT CARD INFORMATION

Name of Bank:	
Cardholder Name:	
Type of Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Credit Card Number:	
Expiry Date (MMYY):	

I hereby authorize NTU Alumni Club to charge my credit card above for agreed upon purchases including the monthly subscription fees and charges made to my membership account. I understand that my information will be saved for future transactions on my account.

Member's Signature

Date