

I choose:

\_\_\_ Option One, i.e., having the AAOF bill my credit card according to my payment schedule

\_\_\_ Option Two, i.e., completing my pledge by making one credit card payment.

Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

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## AUTOMATIC BILLING AUTHORIZATION FORM

Member Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

### FROM CREDIT CARD:

I authorize you to charge my bill directly to the credit card(s) listed below:

#### Primary Card Account

#### Secondary Card Account

\_\_\_\_\_  
Name on credit card (exactly as printed)

\_\_\_\_\_  
Name on credit card (exactly as printed)

\_\_\_\_\_  
Billing Address for credit card (Street, Apt.#)

\_\_\_\_\_  
Billing Address for credit card (Street, Apt. #)

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Credit card Number                      Expiration Date

\_\_\_\_\_  
Credit card number                      Expiration Date

\_\_\_\_\_  
Signature                                      Today's Date

\_\_\_\_\_  
Signature                                      Today's Date

Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

This authorization is valid until I provide you with written cancellation.