



Credit Card Update Authorization Form

Please complete this form if you would like eWomenNetwork, Inc. to update your credit card/electronic check information on file for your membership dues or event registrations. The use of this form is optional and for your convenience. The information is to be completed by the cardholder. The undersigned agrees and authorizes eWomenNetwork, Inc. to charge the credit card/electronic check below for future membership dues payments by the member named below via phone or email permission.

Member Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Company Name (if applicable): _____

Email Address: _____

CREDIT CARD AUTHORIZATION

Cardholder Name _____

**Cards Accepted – Visa, Mastercard, Discover, American Express*

Card Number _____

Expiration Date ____/____ Security Code * _____

**(Security Code - 3 digit on the back of your card, except AMX – 4 digits on the front of card)*

Credit Card Billing Address (*If different from address above)

City/State/Zip _____

Authorized Signature _____ Date: _____

I authorize eWomenNetwork to charge my credit card on file for future event registrations

ELECTRONIC CHECK (U.S. Bank only)

Name as it appears on your checks _____

Bank Name _____

Routing Number (9 digits) _____

Account Number _____

Authorized Signature _____ Date: _____

I authorize eWomenNetwork to charge my electronic check on file for future event registrations

Office Use Only

Chapter Code: _____

MD Name: _____