

COLLECTION AUTHORIZATION



German American
Chambers of Commerce
Deutsch-Amerikanische
Handelskammern

Personal Information

Company Name

First Name

Address Line 1

Last Name

Address Line 2

E-Mail Address

City

State

Phone Number

Zip Code

Country

Payment Authorization

By signing below, I authorize the withdrawal of the listed funds from my credit card.

Amount to Pay

Currency

Reason for payment

Recurring Payment

☐ Yes ☐ No

Signature

Today's Date

Credit Card Information

Credit Card Type

Credit Card Number

Expiration Date

CVV Number