

Credit Card Authorization Form

I hereby authorize the Arcadia Association of REALTORS $^{\circ}$ to charge my credit card for the appropriate charges.

I understand the authorization will apply only to the charge(s) that I have specified.

I further understand it is my responsibility to update the AAR with new expiration dates and new credit cards I wish to use.

Date: _			
Name:		MLS ID#: A	
Phone:	()		(EXISTING MEMBERS ONLY)
Type o	f Payment:		
	Please keep my credit card on file for future Annual REALTOR® Dues (N.A.	A.R., C.A.R., A.A	R.)
	Housing Affordability Fund (\$10) (H.A.F. is an optional donation; please check if you would like to contribute) California Association of REALTORS® Housing Affordability Fund is able to fund programs that help REALTORS® clients		
	through your generous support.	nograms that he	,p nenerono enenes
	REALTOR® Action Fund \$ (\$20 min.) (R.A.F. is an optional donation; please check if you would like to contribute) REALTOR® Action Fund (R.A.F.) raises money to advance the goals of our REALTOR the local, state, and federal levels of government.	DR® political acti	on committees (PACs) at
	Please keep my credit card on file for future Quarterly CRMLS fees		
	This Quarter Only CRMLS Fees		
	One Time Only Charge in the Amount of: \$		
Payme	nt:		
	MasterCard Visa		
C.C. #:		CID #:(Last 3 digits on	_ Exp. Date:
		Last 3 digits Off	back of caruj
Signatu	ro:		

www.TheAAR.com E-Mail: amy@theaar.com