

CREDIT CARD AUTHORIZATION FORM

For Spokane Association of REALTORS® MLS

Please fax to (509) 324-8650 or return to the SAR

I authorize the SARMLS to charge my credit/debit card quarterly for my MLS Fees.

*Charges will be applied to your credit/debit card on
the tenth of the month of the Quarterly Billing Cycle.*

MLS Login ID # _____ Member Name _____

Member Email _____

Cardholder Name _____

Signature _____

Billing Address _____

Billing City/St/Zip _____

The Spokane Association of REALTORS® is committed to the security and privacy of your information. Credit Card information provided on this form will be destroyed after it is stored in a secured payment system. Confirmation of your Recurring Payments registration will be emailed when completed.



Credit Card Type _____ Visa _____ Mastercard

Card Number _____ - _____ - _____ - _____

Exp Date _____

Card ID # _____
(Last 3 Numbers on back)