



## 2024 Awards Credit Card Authorization Form

Please provide the information below, save (or print and scan), and send to [awards@ncsha.org](mailto:awards@ncsha.org) by 11:59 p.m. ET on May 1, 2024.

<b>HFA Name:</b>
<b>Credit Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
<b>Credit Card Number:</b>
<b>Card Holder's Name:</b>
<b>Expiration Date:</b>
<b>Security Code:</b>
<b>Billing Address:</b>
<b>Total Number of Entries:</b>
<b>Total Amount Due: \$</b>
<b>Notes:</b>

I hereby authorize NCSHA to charge my credit card according to the information above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name