



2025 Awards Credit Card Authorization Form

Please provide the information below, save (or print and scan), and send to awards@ncsha.org by 11:59 p.m. ET on May 7, 2025.

HFA Name:
Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express
Credit Card Number:
Card Holder's Name:
Expiration Date:
Security Code:
Billing Address:
Total Number of Entries:
Total Amount Due: \$
Notes:

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

Authorized Signature

Date

Printed Name