



## CREDIT CARD AUTHORIZATION FORM

I hereby authorize the Caribbean Water and Wastewater Association to debit my credit card.

Visa

Mastercard

Account Number

/ /

Expiration Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code\_\_\_\_\_

Amount (\$)\_\_\_\_\_

Name on Card

\_\_\_\_\_

Billing Address

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date\_\_\_\_\_

**Please email authorization form to [cwwattsecretariat@gmail.com](mailto:cwwattsecretariat@gmail.com)**