



# FLORIDA COUNCIL OF PRIVATE COLLEGES

FIDES LICENTIA VERUM

[www.fcpc-edu.org](http://www.fcpc-edu.org)

[Email: info@fcpc-edu.org](mailto:info@fcpc-edu.org)

## FCPC 201 PAYMENT AUTHORIZATION

Institution Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Amount
1. Invoice # _____ Annual Membership Fee . . . . .	_____
2. Invoice #. _____ \$50.00 late fee for our payment sent after April 10 . . . . .	_____
3. Other _____ =	_____
4. Other _____ =	_____
<b>Total:</b>	_____

### PAYMENT METHOD

CREDIT CARD:

Corporate Card    Personal Card

Credit    Debit

VISA    Master    Discover    American Express

Name on Card: \_\_\_\_\_

Billing Address on card: \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CV Code \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Must be authorized signer on credit card)

CHECK: # \_\_\_\_\_ Attached and mailed in with form. \_\_\_\_\_

Signature