



Credit Card Authorization

CAPGAL Member: _____

Name on Card: _____

Card Number: _____

Expiration Date (MM/YY): _____

CVV: _____

Zip Code of Billing Address: _____

**I Authorize CAPGal to deduct \$_____ on the 4th Thursday of each month.
This will be renewed annually from the date of authorization.**

I Authorize CAPGal to deduct \$_____ one time.

Signature

Date

Please remit to Treasurer, Sarah Linde, at salinde@utmb.edu or P. O. Box 3058, Galveston, TX 7752.