



Credit Card Autopay Authorization Form

I authorize the MIBOR REALTOR® Association/MIBOR Service Corporation to charge my credit card for the following:

Technology Fee Charges _____

REALTOR® Store Charges _____

Dues Charge _____

Credit Card Information

Member Number: _____

Name as it appears on card: _____

Card holder street address: _____

City/State: _____ Zip Code: _____

Card Type: MasterCard _____ Visa _____ American Express _____ Discover _____

Card # _____

Expiration Date: ____ / ____

Signature: _____

Return via mail or fax:

MIBOR REALTOR® Association
1912 N. Meridian St.
Indianapolis, IN 46202

Fax: (317) 956-5050