

# COLLECTION AUTHORIZATION



German American  
Chambers of Commerce  
Deutsch-Amerikanische  
Handelskammern

## Personal Information

Company Name

First Name

Address Line 1

Last Name

Address Line 2

E-Mail Address

City

State

Phone Number

Zip Code

Country

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## Payment Authorization

*By signing below, I authorize the withdrawal of the listed funds from my credit card.*

Amount to Pay

Currency

Reason for payment

Recurring Payment

Yes

No

Signature

Today's Date

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## Credit Card Information

Credit Card Type

Credit Card Number

Expiration Date

CVV Number