

Annual Recurring Payment Authorization Form

Name: _____

Alpha: _____ Year: _____

Fund: Chi Psi Fraternity The Chi Psi Educational Trust, Inc. Other _____

Amount: \$ _____ Annual Payment Date: _____

Card type: VISA MasterCard

Installment Amount: \$ _____

Card No: _____ - _____ - _____ - _____

Exp. Date: _____ / _____

Billing Address: _____

Billing City, State and Zip: _____

Phone Number: _____ Email Address: _____

Signature: _____

Please return this form to the Central Office via email at edewitt@chipsi.org or mail at:

*45 Rutledge Street
Nashville, TN 37210*