



CREDIT CARD CHANGE REQUEST FORM

Please fill out and sign (true signature) the bottom of this form to change your Credit Card Account. Fax to 817-332-6234 or 817-335-1270.

General Member Information

Member's First Name	Middle Name	Last Name	
Street Address	City	State	Zip Code

Credit Card Information

Cardholder's First Name	Middle Name	Last Name	Cardholder's Phone#
Billing Address	City	State	Zip Code
Exp. Date (mm/yy)	Credit Card Number		
Please Select Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			

I hereby authorize HA Partners, Inc., herein called COMPANY, to initiate debit entries to the account indicated above and the depository named above, herein after called DEPOSITORY, to debit the same such account.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature Credit Card Holder (as it appears on the credit card)

[Signature line]

Date

[Date line: / /]