



Education | Healthcare | Public Services

AFT Convention 2024

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at **least 10 business days** prior to the Check-In to ensure acceptance of the credit card to be charged.

FAX COMPLETED FORM TO: **(202) 879-4476**

EMAIL COMPLETED FORM TO: conventionhousing@aft.org

HOTEL (choose one)	
Embassy Suites Houston Downtown	Hampton Inn Houston Downtown
Hilton Americas-Houston	Marriott Marquis Houston

Guest / Group Name (<i>attach list if card covers multiple people</i>):	
Check-In Date	Check-Out Date
Contact:	Phone:

CARDHOLDERS - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
City:	State:	Zip:
Daytime /Business Telephone:		Cell Phone:
Credit Card Number:	Expiration Date:	CSC/CVV #
Credit Card Type: (<i>Choose one</i>)		
<input type="checkbox"/> Visa/MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club		
I agree to cover the following categories of charges: (<i>select all that apply</i>)		
<input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Parking <input type="checkbox"/> Food & Beverage <input type="checkbox"/> AV <input type="checkbox"/> Other: _____		

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card on or around June 27, 2024. Any incidental charges circled above will be charged at the time of check-out.

I certify that all information is complete and accurate and hereby authorize the AFT to e-sign on my behalf. I also hereby authorize the hotel to collect payment for all charges as indicated in the Rate Information and Approved Charges section of this form by processing a charge to the credit/debit card listed above. I understand that a new form will have to be completed if guest wishes to extend his/her stay. I certify that I am the authorized signer of the credit/debit card listed above.

Cardholder Signature: _____

Date: _____