FMWR FINANCIAL MANAGEMENT SERVICES
600 Thomas Avenue – Room 140
Fort Leavenworth, KS 66027-1417

NONAPPROPRIATED FUND FINANCIAL MANAGEMENT OFFICE BILLING AUTHORIZATION FORM

I, _____, do hereby authorize the Family and Morale and
(PLEASE PRINT)
Welfare Recreation activity to charge my Credit card for my monthly MWR Membership:

	Monthly Fees	Start Date
FLYING CLUB:	$_____	_____
RIDING CLUB:	$_____	_____
HUNT CLUB	$_____	_____
RV LOT MONTHLY FEES	$_____	_____

ADDRESS: _____ **TELEPHONE#**
DUTY: _____
_____ **HOME:** _____

EMAIL ADDRESS: _____

CREDIT CARD#: _____ **EXPIRATION DATE:** _____

Please mark one:

SSN: _____

___**CGSC** ___**SAMS**
___**CIVILIAN**
___**PERMANENT PARTY**

_____ _____
SIGNATURE DATE