



**DEPARTMENT OF THE ARMY**  
**INSTALLATION MANAGEMENT COMMAND**  
**HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT LEAVENWORTH**  
**FAMILY AND MORALE, WELFARE AND RECREATION**  
**FINANCIAL MANAGEMENT SERVICES**  
**600 THOMAS AVENUE ROOM 223**  
**FORT LEAVENWORTH, KANSAS 66027-1417**

**BILLING AUTHORIZATION FORM**

I, \_\_\_\_\_,  
PLEASE PRINT NAME

authorize the FMWR Directorate to monthly charge my credit card for the following fees:

	Monthly Fees	Start Date
FLYING	_____	_____
FOX HUNT	_____	_____
GOLF	_____	_____
ROD & GUN KENNELS	_____	_____
RV STORAGE LOT	_____	_____
STABLES	_____	_____
Other: _____	_____	_____

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Alt Phone

\_\_\_\_\_  
Email Alt Email

CREDIT CARD INFO:

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CREDIT CARD NUMBER

\_\_\_\_\_  
Expiration Date Security Code Billing Zip Code

\_\_\_\_\_  
Signature Date

CGSC/SAMS/  
STUDENT
 PERMANENT  
PARTY
 RETIRED/CIVILIAN
 OTHER \_\_\_\_\_