



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	_____	_____
ROD & GUN	_____	_____
RV STORAGE LOT	_____	_____
STABLES	_____	_____
Other: _____	_____	_____

Address

Phone Alt Phone

Email Alt Email

CREDIT CARD INFO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CREDIT CARD NUMBER

Expiration Date Security Code Billing Zip Code

Signature Date

<input type="checkbox"/> CGSC/SAMS/ STUDENT	<input type="checkbox"/> PERMANENT PARTY	<input type="checkbox"/> RETIRED/CIVILIAN	<input type="checkbox"/> OTHER _____
--	---	---	--------------------------------------