



## Dues Remittance Form

Facility/Organization: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment method:

☐ Check/money order enclosed for \$\_\_\_\_\_.

☐ Please charge the account below for \$\_\_\_\_\_.

☐ MasterCard

☐ Visa

☐ American Express

Card No.: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(3 or 4 digit security code on card)

Print Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Signature: \_\_\_\_\_

(This form can be printed out and signed or saved to your computer, opened in Adobe Acrobat Reader and signed digitally.)

Please include this form with your check or credit card remittance. Mail or fax to:  
**HCANJ, 4 AAA Drive, Suite 204, Hamilton, NJ 08691-1813 / 609-584-1047.**

In order to avoid duplicate charges, please do not mail AND fax unless accompanied by a letter of explanation. Credit card charges cannot be reversed.

Questions? Please call us at 609-890-8700 or e-mail: [bookkeeping@hcanj.org](mailto:bookkeeping@hcanj.org).