



**HSBA Mandatory Continuing Legal Education (MCLE) Department
CREDIT CARD AUTHORIZATION**

Applicant's Name (please print): _____

Phone No.: _____ Email: _____

Billing Address: _____ Billing Zip Code: _____

Credit Card Type:

- VISA
- MasterCard
- Discover
- American Express

Credit Card No.: _____ Exp. Date: ____/____ CVC: _____

I hereby authorize the Hawaii State Bar Association to charge the above-referenced Credit card in the amount of \$ _____ for the following MCLE Fee(s) (check all that apply; CLE Fee Schedule posted online):

Providers:

- Provider Application Fee
- Late Provider Application Fee
- Accredited Provider Annual Fee
- Attendee Fees for _____ Attendee(s)
- Late Attendee Roster Fee
- Other _____

Attorneys:

- Attorney Application Fee
- Late Attorney Application Fee
- Late Compliance with CLE Requirements Fee

Name on Credit Card (please print): _____

Authorized Signature

Date

Please submit this form to MCLE Administrator
Hawaii State Bar Association
Alakea Corporate Tower
1100 Alakea Street, Suite 1000, Honolulu, HI 96813
Email: dblanton@hsba.org or by fax 808-521-7936.
www.hsba.org