

AUTHORIZATION

Name: _____

Surname: _____

Place and date of birth: _____

Permanent address: _____

Passport n.: _____

Issued by: _____ Date: _____

VISA Card holder n. _____

Expiry date _____

MASTERCARD holder n. _____

Expiry date _____

AUTHORIZE

The Italian Physical Society

To withdraw from the above-mentioned credit card

The amount of € _____ , _____ (_____)
(amount in numbers) (amount in letters)

Date _____

Signature