



Payment Authorization for MLS Changes Form

Please complete this form to have The Requested Changes completed by PWAOR.**

Date: _____

Address of the Property: _____

City: _____ Zip Code: _____

Listing Agent Name: _____ Phone #: _____

Office Name: _____

Listing Change Fee \$10.00

Type of Credit Card: VISA [] M/C [] AM EXP [] OPTIMA []

Card # _____ Exp. Date _____

Name as it appears on Card _____

I authorize the Association to charge my credit/ATM Card indicated above for my listing changes. If paying by check please make all checks payable to PWAOR and mail this form immediately!

Signature _____

If you'd like to avoid this charge you may want to perform your changes directly on Tempo by using your own Public and Private Id.

The following entries can't be modified by Agents/Brokers and PWAOR will not charge. These entries are **City, Area and Address. Any other requested changes PWAOR will charge \$10.00.

Please fax this form along with your changes to **(714) 245-5599** Attn. MLS Department and if you have any questions about this form please contact us at (714)245-5500.

Thank you!