

CREDIT CARD AUTHORIZATION

Please complete the form as completely as possible. This authorization can be withdrawn at any time by canceling in writing and will remain in effect until canceled.

Credit Card Information

Credit Card Company:

- ☐ Mastercard
- ☐ Visa
- ☐ AMEX

Cardholder Name (as written on the card): _____

Card Number: _____

Expiry Date: _____

Billing Information:

ZIP Code: _____

Phone: _____

Check one of the following options and enter your details below:

- ☐ **Recurring Charge:** This allows vendors to accept multiple scheduled payments from your credit card. A receipt for each payment will be provided and you will also find the charge noted on your credit card and/or bank statement. You also agree that no prior notification will be provided of these charges unless the date or amount changes, in which case you will be notified at least 10 days before payment is collected.

- ☐ **One-Time Charge:** This option allows a single one-time charge to be made to your card for the amount indicated and on the date specified. A receipt will be provided and you will also find the charge noted on your credit card and/or bank statement. You also agree that no prior notification will be provided of this charge unless the date or amount changes, in which case you will be notified at least 10 days before payment is collected.

Authorized Signature_____

Date ____/____/____

Print Name_____