
Credit Card Authorization Form

Type of Card (mark one option):

Visa Mastercard Discover American Express

Charge Amount: _____

I understand that there is a 3% processing fee for credit and debit card payments.

Credit Card number: _____ **Expiration date:** _____ **security code (CCV):** _____

Name on card _____

Billing Information

Street: _____

City _____ State _____ Zip code _____

Email address _____ Telephone _____

Signature of cardholder

Recurring credit card authorization:

To set up a recurring credit card payment, please fill in the authorization below. Note that annual dues and school fees, plus building fund pledges, if any, are payable over no more than ten months and *only* with prior approval by Denise Eisler, Accountant.

Amount of monthly charge: _____ Start date/End date: _____

Signature _____ Date _____