



CREDIT CARD or CHECKING ACCOUNT AUTHORIZATION FORM

[all applicable information below is required]

Amount: \$ _____

How often would you like payment/contribution to be made (check one):

___ One Time ___ Monthly ___ Weekly ___ Other (_____)

What is this payment/contribution for (how should it be applied – please describe): _____

If using Credit Card -- type of Card (circle one): MC VISA AMEX DISCOVER

Credit Card

Number: _____ Security Code: _____

[For MC, Visa or Discover – 3 digits
on back, For Amex – 4 digits on front]

Expiration Date: _____

If Drafting Bank Account – Account type (circle one): Checking Savings

Name of financial institution: _____

Account # _____ Bank Routing # _____

In either case (credit card or bank account draft):

Name on

Account or Credit Card: _____

Billing

Address: _____ Email

Address: _____

Phone #: _____

Billing

Zip Code: _____

Authorized

Signature: _____ Today's

Today's

Date: _____