

Henry J. Kaiser, Jr. Elementary School PTA

Credit Card Payment Authorization Form

Please complete the information below:

I _____ authorize Henry J. Kaiser, Jr. Elementary School PTA to charge
(full name)
my credit card account as indicated below:

One time payment of \$ _____

Reoccurring monthly pledge payment of \$ _____ beginning _____
and ending _____

This payment is for _____.
(description of program or events)

Billing Address _____

City, State, Zip _____ Phone# _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____