

# Henry J. Kaiser, Jr. Elementary School PTA

## Credit Card Payment Authorization Form

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**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 \_\_\_\_\_