

Society Office

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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
Card Number:			
Expiration Date (mm/yy):			
CVV Code (back of card):			
Cardholder Name (as shown on card):			
Check One:			
<input type="checkbox"/> Monthly Payments of \$_____ (1st of the month)			
<input type="checkbox"/> One Time Payment of \$_____			

Authorization Signature

Date