[](https://www.myperfectresume.com/membership/RegisterGuestUser.aspx?wizard=true&productid=17&utm_source=hloom-com&utm_medium=referral&utm_campaign=word-template)

# Credit/Debit Card Authorization Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes, I want to save time & money in supporting the COMPANY NAME. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fill out and mail or fax form to:  **COMPANY NAME**  123 Park Avenue, Michigan 69789 MI  FAX-123-123-4567 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal Information (\*Required Fields) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name on Card\*: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address\*: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City\*: | |  | | | | | | | | State\*: | |  | | | | | | | | | | | Postal Code\*: | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country\*: | |  | | | | | | | | | | | | | | Email\*: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donation Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I authorize COMPANY NAME to charge my credit card | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Once | |  | | valid 30 days from today | | | | | | | | | | | $ | |  | | | | | | | (One Time authorization) | | | | |
|  | | | (minimum: $5.00) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly | |  | | on the 5th of each month | | | | | | | | | | | $ | |  | | | | | | | (Monthly authorization) | | | | |
|  | | | (minimum: $10.00 a month) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quarterly | |  | | on the 4th of March, June, Sept, Dec | | | | | | | | | | | $ | |  | | | | | | | (Quarterly authorization) | | | | |
|  | | | (minimum: $30.00 a quarter) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit Card Information | | | | | | | |  | Visa | | | |  | MasterCard | | | | | |  | | Discover | | | |  | Debit | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Credit Card Number\*: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date\*: | | | | | |  | | | | | CVV Code: | | | | | | |  | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing this form, you authorize COMPANY NAME to charge the credit card listed above for the amount instructed. The recurring charge will stay in effect until you chose to cancel by giving 15 days written notice or by submitting updated information. Your donation will appear on your credit card statement automatically. Each January you will receive a statement from COMPANY NAME showing the amount you have donated during the calendar year (January to December). Save this statement for tax documentation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |
| Signature of card holder\* | | | | | | | | | | | | | | | | | | | | |  | | | | \*Date | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME is a 501 (C) (3) non-profit organization, our Federal Tax ID # is XX-XXXXX.  All donations to COMPANY NAME are tax deductible to the extent allow by law. Phone: 123-456-7899 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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