



# Credit Card Authorization Form

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CCV Code: _____
Credit card billing address: _____

I, \_\_\_\_\_, authorize Dobbs Ferry UFSD – HRCE to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date