



One Time Credit Card Payment Authorization

Complete this form to authorize the Richardson East Rotary Foundation to make a one-time debit to your credit card listed below. This is permission for a single transaction, and does not provide authorization for any additional unrelated debits or credits to your account.

Amount to be charged: \$_____

Name On Card: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____ - _____

Card #: _____

Exp. Date: ____/____ (month/year)

CSV Code: _____ (3 digits, except 4 digits with AMEX)

Telephone: ____ - ____ - ____

DATE _____

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, for the amount indicated above only, and is valid for one time use 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.