

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Name of Payor: _____
(Print the cardholder's name EXACTLY as it appears on the credit card)

Card Type: **VISA** **MASTERCARD** **AMERICAN EXPRESS**

Total Amount to Charge: \$ _____

Credit Card #: _____

CVV#: _____
(3 digit security code)

Expiration Date: _____

Signature of Payor: _____

I agree to pay the above total amount according to the credit issuer's Agreement and the Community Education and Recreation Refund/Credit policy.