



Credit/Debit Card Authorization Form

Cardholder Name: _____ exact name as it appears on the card

Billing Address: _____

Cardholder Phone Number: (____) _____ Email: _____

Credit/Debit Card Type: ____ Visa ____ MasterCard ____ Amex ____ Discover ____ Other ____

Credit/Debit Card Number: _____ Expiration Date ____/____

Card Identification Number (last 3 digits located on back of card): _____

Amount to Charge: \$ _____(USD)

Payment Options

Bill my credit/debit card WEEKLY for the amount above beginning _____

Type of product or service this payment is for: Summer Day Camp

Driver's License/ID information (Optional)

Name: _____ Number: _____

Birth Date: ____/____/____ (mm/dd/yyyy)

Gender: _____ Male _____ Female

Authorization

I authorize the Uniontown Area YMCA to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand this is only for up to this amount during the time period of "DATE OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed. I certify that all information above is complete and accurate.

CARDHOLDER—Print Name, Sign and Date Below:

Print Name: _____

Dated: _____

Sign Name: _____

Once signed, return the completed form to:

Robin Shimko, Finance/Membership Director

Uniontown Area YMCA

One YMCA Drive

Uniontown, PA 15401

