



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Cardholder Name (as shown on card): _____

Entire Credit Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

CVV (3 digits on the back side): _____

I, _____, authorize the Adams
County Council on Aging to charge my credit card above for the agreed upon purchases.
I understand my information will be saved on file in a locked file cabinet for future
transactions on my account.

Customer Signature

Date