

# CREDIT CARD AUTHORIZATION FORM

## Credit Card Details

Card Type:  Visa  MasterCard  Discover

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code (CVV): \_\_\_\_

Expiration Date: \_\_/\_\_/\_\_\_\_

Billing Zip Code: \_\_\_\_\_

## Consent

I, the undersigned cardholder, authorize the merchant known as **Raleigh County Commission on Aging, Inc.** to charge my credit card for purchases related to goods and services. I agree that my information will be destroyed and cannot be saved by the merchant for future payments.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_