



Credit Card Authorization Form

I (we) hereby authorize The Boys & Girls Club of Oshkosh to initiate entries to my Credit/Debit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The Boys & Girls Club of Oshkosh is notified by me (us) in writing to cancel it in such time as to afford a reasonable opportunity to act on it.

Name: _____
(Please Print)

AMERICAN EXPRESS / DISCOVER / VISA / MasterCard

Credit Card Number:

Expiration Date: ____ / ____ SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: () _____

Email: _____

Withdrawal Amount and Frequency

Set Amount: _____ or up to the Maximum Amount of: _____

If an amount would exceed the maximum amount agreed to, The Boys & Girls Club of Oshkosh must notify me 10 days in advance of such change.

Choose an option for withdrawal: **Weekly** _____ **Bi-Weekly** _____ **Monthly** _____

Cardholder's Signature

Date

The Boys & Girls Club of Oshkosh will keep all information entered on this form strictly confidential.