

## Roslyn Boys & Girls Club

## Credit/Debit Card Authorization Form

Card Holder Name:				
Credit Card Billing Address	:			
Phone Number (if we need	to contact y	/ou):		
Card Type (Circle One):	Visa	MasterCard	Discover	
Card Number:				
Expiration Date:/_			CID:	
Authorized amount to cha	rge:			
than the amount of balance due on a s due, the additional	due, your re separate for amount will deductable	amount above. If yo gistration will not be m. If the amount you be treated as a donati . Roslyn Boys & Gir	complete until you a charge is more than ion to the Roslyn Boys	uthorize the the amount & Girls Club,
By signing below, you autabove to the indicated creatransaction. You represe signature appears on the b	edit/debit ca nt you are t	ard. Debit cards will be the cardholder of the	pe processed as a sign	nature based
Authorized Signature:			Date:	