

## Credit Card Authorization

### Card Information

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

Office: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Type of Credit Card:  Visa  MasterCard  Discover  Amex  Other: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

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

Security Code (CID): \_\_\_\_\_

Name on card if different from Above: \_\_\_\_\_

Payment For: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

### Authorization

I authorize the Southwest Riverside County AOR to charge my Credit/ATM card as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_