



Credit Card Authorization Form

I, _____ authorize Presidential Women's Center to charge my credit card number _____ exp. date _____ C V V# _____ in the amount of \$ _____ for services to be rendered to _____. Presidential Women's Center has not confirmed to me that the above named person has an appointment.

This authorization is valid (check one):

_____ This date only _____ (specify date)

_____ From dates _____ - _____

Any payment or overpayment not used will be refunded to the above credit card.

If additional funds are required, please provide a contact phone number:

(_____) _____

Signature

Date

Witness

Date

Please include a copy of ID & front and back credit card