



# Authorization for Credit Card Use

Please Complete this authorization form and return. All information will remain confidential.

Return completed and signed form to the following:

**msanchez@gmys.org**

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

Card Type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AmEx

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

Expiration Date: MM/YY \_\_\_\_\_

Security Code: \_\_\_\_\_ (last 3 digits on back of card)

Charge Amount: \$ \_\_\_\_\_ (USD) \$ 3 Convenience Fee per Transaction

I authorize \_\_\_\_\_ to charge the amount listed above to the card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Ensemble

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date