



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