

YMCA of Corsicana

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Card Type:   ___ MasterCard   ___ VISA   ___ Discover   ___ AMEX ___ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize the YMCA of Corsicana to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date