



Credit Card Authorization Form
(please print)

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

Registered Family Name: _____

Card Type: MasterCard Visa Discover

Cardholder Name (as shown on card): _____

Last Four Digits of Credit Card Number: ____ _ ____ _

CVV: _____

Expiration Date (mm/yy): ____ / ____

I, _____, authorize the Community Youth Center to charge my provided credit card for the monthly balance of my Child(ren)'s Membership on the 1st of each month. If the payment is declined it will automatically run again on the 5th of each month.

Cardholder's Signature

Date