



**The attached Payment Authorization gives permission to the Rotary Club of Los Gatos to charge the Credit Card identified on the authorization for all donations and expenses connected with the Rotary Club of Los Gatos, Rotary International, the Los Gatos Rotary Scholarship Foundation, the Los Gatos Rotary Charities Foundation, The Rotary Foundation and Polio Plus.**

**Please complete the form, print, date and sign then deliver to the Club Treasurer or Assistant Treasurer either in person or by the United States Postal Service to the following address:**

**Rotary Club of Los Gatos**

**PO Box 1018**

**Los Gatos CA 95031**

# Welcome To Rotary Club of Los Gatos

## Credit Card Payment Authorization

Completing and signing this form authorizes the Rotary Club of Los Gatos to charge your Visa, MasterCard, American Express or Discover credit card for all expenses incurred by you that are associated with the Rotary Club.

### Here's How It Works:

Monthly, you will receive an invoice by electronic mail itemizing your Club related expenses for the previous month. Subsequent to receiving your invoice your Credit Card will be charged for the total amount due for the prior month. A receipt will be emailed to you and the charge will appear on your credit card statement.

---

**Fill out this form completely from your computer. If hand written please print legibly, either way leave nothing blank.**

I \_\_\_\_\_ authorize the **Rotary Club of Los Gatos** to charge my credit card  
(Full name)

indicated below for payment of my expenses associated with the Rotary club Los Gatos, including but not limited to **monthly dues, lunch cost, event fees, donations, Rotary International Foundation, Polio Plus and any other expenses associated with the Club.**

I understand that my card number will be on file with the Bank, and no one will have access to the information. Once my credit card information is registered in the processing system, this form and my credit card information will be destroyed.

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

Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Amex  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named Rotary Club to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it, and I agree to notify the business in writing of any changes in my account information or termination of this authorization as soon as possible prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.