

CREDIT CARD AUTHORIZATION FORM

Payment to Norwich Rotary for

_____ specify service(s) or fee(s)*

Charge my credit card \$_____. Type of Card*: Mastercard Visa Discover

Credit Card Number*: _____ 3 digit Code*: _____ Expiration Date*: _____

Name on Credit Card*: _____

Credit Card Billing Address *: _____ Zip Code*: _____

Signature* _____ Date _____