

CAMP LOMA DE VIDA

Ministry Name: _____

Email: _____

Phone Number: _____



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.

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

I, _____, authorize Camp Loma de Vida to charge my credit card above only for incidentals or cancellations. I understand that my information will be saved to file for future transactions on my account.

Signature

Date