



# New Haven Islamic Center

## DEBIT/CREDIT CARD AUTHORIZATION FORM

Your information is highly confidential and will not be shared or disclosed to any third parties.

- Card Type:
- MasterCard
  - Visa
  - Discover
  - American Express
  - Diners Club

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holders Name: \_\_\_\_\_  
(exactly as it appears on the credit card)

Authorization Code: \_\_\_\_\_ (Visa, MasterCard & Discover: 3 digits on back)

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Card Holder Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

- Frequency:
- One time only
  - Once a month
- From \_\_\_\_/\_\_\_\_/\_\_\_\_  
To \_\_\_\_/\_\_\_\_/\_\_\_\_

I wish to authorize charge (s) from the New Haven Islamic Center using this Credit Card Authorization Form. I hold the New Haven Islamic Center harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Card Holder Signature: \_\_\_\_\_

Card Holder Name (PRINT): \_\_\_\_\_

Date Of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_