



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential and credit card info will be shredded and not kept on file.

Charges will appear on your statement from "**Cameron Park CSD**"

Name on Card: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

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

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

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_