

# ROTARY CLUB OF CORONADO

## \*\*\* Credit Card Authorization \*\*\*

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO OFFICE  
ALL INFORMATION WILL REMAIN SECURE AND CONFIDENTIAL

Name (as appears on card): \_\_\_\_\_

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

Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ M/C      Card Expiration Date: \_\_\_\_\_

Card Three Digit Security Code: \_\_\_\_\_

Billing Address:

Street: \_\_\_\_\_

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

I **hereby** authorize Rotary Club of Coronado (“RCC”) and Rotary Club of Coronado Foundation (RCCF) to charge the above referenced credit card for the following Rotary related charges and donations with my prior verbal or written authorization:

1. Dues, fees, fines and other charges
2. Meal tickets
3. Merchandise
4. Donations

Invoices will be issued when applicable and receipts issued upon request.

I understand that my credit card information will be saved to file for future authorized transactions on my account and that charges will include any applicable sales or other taxes. I certify that I am the owner of the card, have the right to authorize payment and that the information provided herein is correct. I will notify RCC and RCCF as soon as possible of any changes in the information provided herein. I acknowledge that this authorization will be effective until rescinded and that I can rescind this authorization at any time by written notice to RCC and RCCF and that such rescission will be effective when received by RCC and RCCF and it/they have a reasonable amount of time to act on the rescission request. Rescission will not affect any charges or donations authorized and charged before termination. I agree that I will pay for all charges in accordance with the issuing bank cardholder agreement.

**Cardholder—Sign, Date and Print Name below:**

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

Print Name: \_\_\_\_\_

Once Signed, Return Completed Form to:

**CORONADO ROTARY CLUB  
PO BOX 180487  
CORONADO, CA 92178**