

## 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
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVC _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Hatteras Village Civic Association to charge my credit card above for agreed upon purchases.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date