

COMMONWEALTH ★ ★ ★ POLICY CENTER ★ ★ ★

P.O. Box 5 ▪ Herndon, KY 42236 ▪ (270) 271-2713

Credit Card Authorization Form

I, _____, authorize the Commonwealth Policy Center to charge my
(print full name)
Credit Card for the indicated amount below on the _____ of each month.

- \$10 \$20 \$25 \$30 \$40
 \$50 \$75 \$100 \$150 \$200

Name _____ (please print)

Billing Address _____

City/State/Zip _____

Email Address _____ Contact Number _____

- Visa MasterCard Amex Discover

Cardholder's Name _____

Account # _____ Exp. Date _____

CVV (3 digit number on back of card) _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Commonwealth Policy Center in writing of any changes in my account information or termination of this authorization at least ten days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature(s) _____ Date _____

Mail the completed form to: Commonwealth Policy Center, P.O. Box 5, Herndon, KY 42236, or scan and email to: commonwealthpolicy@gmail.com