

# 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](mailto:commonwealthpolicy@gmail.com)