

Green Apple Accreditation of Children's Services  
Credit Card Authorization Form  
One-Time & Repeat Payments or Contributions



**CARDHOLDER INFORMATION**

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

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

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

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

Direct Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AUTHORIZATION**

Payment/Contribution Purpose: \_\_\_\_\_

I authorize a one-time charge against my credit card for the follow amount \$ \_\_\_\_\_

I authorize a recurring charge against my credit card for the following amount

\$ \_\_\_\_\_ once every \_\_\_\_\_ day(s)/week(s)/month(s)/year(s) beginning

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ and ending after \_\_\_\_\_ payments.

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

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

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_