



109 West Buckthorn Street

Office: (310) 419-7335 \* (310) 672-2338 / Fax: (310) 672-2211

E-Mail: education@COGPinglewood.org \* info@COGPinglewood.org \* CommunityDevelopment@COGPinglewood.org

www.COGPinglewood.org

# AUTHORIZATION FORM

Name (Student, Contributor/Donor): \_\_\_\_\_

FROM CREDIT CARD:	
I authorize you to charge my bill directly to the credit card(s) listed below:	
<input type="checkbox"/> <b>One-Time Charge Only</b>	<input type="checkbox"/> <b>Automatic Billing (MTI Students Only)</b>
<b>Primary Card Account</b>  <hr/> Name on credit card (exactly as printed)  <hr/> Billing Address for credit card (Street, Apt. #)  <hr/> City, State Zip  <hr/> Credit card number                      Expiration Date  <hr/> CVV2 (3-digit number on the back of most credit cards. 4-digit number on front of American Express)  <hr/> Signature    Today's Date	<b>Secondary Card Account</b>  <hr/> Name on credit card (exactly as printed)  <hr/> Billing Address for credit card (Street, Apt. #)  <hr/> City, State Zip  <hr/> Credit card number                      Expiration Date  <hr/> CVV2 (3-digit number on the back of most credit cards. 4-digit number on front of American Express)  <hr/> Signature    Today's Date
<b>FOR AUTOMATIC BILLING:</b>	
<input checked="" type="checkbox"/> Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.	
<input checked="" type="checkbox"/> This authorization is valid until I provide you with written cancellation.	
<b>FOR ONE-TIME CHARGES:</b>	
<input checked="" type="checkbox"/> Bill the above card(s) in the amount of \$_____.	
<input checked="" type="checkbox"/> This authorization is valid only for this one-time charge.	

**Fax this form to our administrative office at (310) 672-2211.**