



frazer center
gather. learn. flourish.

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____ (3-digit CVV Code on the back of the card)

PAYMENT AUTHORIZATION

I authorize the Frazer Center to charge account payments against the above listed charge card.

Cardholder Signature X _____ Date ____/____/____

TO SUBMIT FORM:

FAX to 404-373-0058 attn: ACCOUNTING

OR

DELIVER IN PERSON to Child Development Program Director or Staff Accountant