

Credit Card Authorization Form

I, _____ hereby authorize Armed Services YMCA of Honolulu
(Cardholder Name)
located at 1260 Pierce St., Ste. 145, Pearl Harbor, HI 96860 to charge my credit card for
the amount indicated below. I understand these charges are for the payment of program
fees by the Armed Services YMCA of Honolulu for _____
(Child's Name)

Please print legibly:

Credit Card (*Visa/MC/DS/AE*) **Circle One**

Charge Amount: \$ _____ Invoice # _____

Credit Card Account Number: _____

Expiration Date: _____

CVV Code (from back of card) _____

Cardholder Name: _____

Billing Address: _____

City, State Zip: _____

Telephone Number: _____

Email address: _____

Please describe the goods and services received by the cardholder:

Program fees

CHECK THE APPROPRIATE BOX FOR **ONE-TIME** CHARGE:

Children's Waiting Room

Other _____

Terms and Conditions: The above named client understands and acknowledges the charges described above. The above named client agrees payment in full is to be made when billed in accordance with the standard policy of the issuing bank and without any disputes or stop payments on the above credit card. In the event of a return charge, a fee of \$35.00 will be assessed. It is the card holder's responsibility to update their credit card information with the Armed Services YMCA of Honolulu when it has expired.

Please Sign Below Agreeing to the Above Terms and Conditions

Cardholder Signature: _____

Print Name: _____

Dated: _____

Please complete this form and return to the Administrative Assistant at the Joint Base Pearl Harbor Hickam Branch. Mahalo.