



institute for *girls'* development

A Psychological Corporation

CREDIT CARD PAYMENT AUTHORIZATION FORM

The Institute for Girls' Development is pleased to offer the option of paying your bill by credit card. This form provides your authorization for us to charge the credit card you provide and indicate your preferences regarding the transaction. The information you provide here will be kept in the strictest confidence, *and will not be shared with anyone for any reason.* Kindly fill out all requested information with accuracy.

Participant's Name: _____

Responsible Party's Name (as appears on card): _____

Billing Address associated with this card (street, city, zip code):

Billing Phone Number: _____

Alternative Phone Number to reach you if there is a problem with the credit transaction:

Credit Card Type Visa Mastercard Discover American Express Is this also a Debit Card?

Credit Card Number: _____ Exp. Date: ____/____ CVV#*: _____
Month/Year

**Note: For Visa, Mastercard, or Discover, the CVV code is the 3 digit security # printed on the back of the card immediately after the card's account #; for American Express the CVV code is the 4-digit number printed on the front of the card above the card's account #.*

Please indicate your preferences regarding your credit transactions as follows:

- This authorization is for a **one-time only** credit card charge. The total amount to be charged is \$ _____.
- This authorization is for recurring monthly charges to my account at Institute for Girls' Development. Any outstanding monthly balances will be charged to the indicated credit card until I submit a request, either in person or in writing, to stop.

PLEASE READ AND SIGN: My signature below indicates my authorization for the Institute for Girls' Development to charge my credit card as indicated above.

Print Name

Signature

Date Signed