



## CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return to us.  
All information will remain confidential

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits on the back,  
or 4 digits on the front of American Express) \_\_\_\_\_

Billing Zip \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

I hereby authorize Dixie Canyon PTA to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_