



# Credit Card Authorization Form

*(Please fill in the form below and return it to us)*

By signing this form, I authorize VFW to debit my account for \$\_\_\_\_\_ (USD).

Payment reference: \_\_\_\_\_

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover    Other: _____
Cardholder Name _____
Card Number _____
Expiration Date (MM/YY) _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____
Billing Address: _____ _____

CARDHOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the VFW Department of California to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable.

All credit card transactions will have a 3% service fee added