

Credit Card Authorization

The undersigned hereby authorizes People First, Inc., to process a credit card transaction against the credit card indicated below. The credit card carrier listed below is hereby authorized to debit or credit the Account in accordance with the instructions received from People First.

Credit Card Information: Visa Mastercard American Express

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ 3/4 Digit Security Code _____

Important Information

By signing below, you authorize People First to deduct money from the account listed above. You also understand that there will be a \$30 fee should any payments be denied due to insufficient funds and expired/cancelled credit cards.

Amount of the Charge: _____

Purpose of the Charge: _____

Billing Address _____

Billing City _____ Billing State _____ Billing Zip Code _____

Daytime Contact Phone Number: _____ Email Address: _____

Dated this _____ day of _____, 20_____

Print Name: _____

Signature: _____