



Zoroastrian Association of California

Credit Card Authorization Form

I, _____, hereby authorize the Zoroastrian Association of California (ZAC) to charge my credit card in the amount of:

\$_____ () one-time () on the first of every month

() VISA () MasterCard

Credit Card Number: _____-_____-_____-_____

Expiration Date: __/____ CVV Security Code: ___

Credit Card Billing Address:

Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____-_____ Country: (if not US) _____

Telephone: (____) ____-_____

As the credit card holder, I hereby authorize the Zoroastrian Association of California (ZAC) to charge my credit card account for the amount indicated above. I promise to pay such amount noted above subject to and in accordance with the agreement governing the use of such card. I acknowledge that any credit card processing fees related to this transaction will be charged directly to ZAC.

Cardholder Signature

__/__/__
Date

Your completion of this authorization form helps us to protect you, our member, from credit card fraud. ZAC will keep all information entered on this form strictly confidential.