

University High Pep Squad Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Security Code CVV(three digit number): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize University High School Pep Squad to charge my credit card above for agreed upon donation. I understand that my information will be saved to file for future transactions on my account.

Customer Signature _____ Date _____