



## 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 <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____
Amount Authorized to Charge:\$	_____
Purpose of Charge:	_____
Frequency of Charge:	<input type="checkbox"/> Weekly (payments are processed on Fridays) <input type="checkbox"/> Monthly (payments are processed on the 1 <sup>st</sup> of the month)

I, \_\_\_\_\_, authorize Respite Care of San Antonio to charge my credit card above for agreed upon fees. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date