



# Fountain Valley Community Foundation

10200 Slater Ave  
Fountain Valley, Ca 92708  
714 593 4670

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the Fountain Valley Community Foundation to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize the Fountain Valley Community Foundation to charge  
(full name)  
my credit card account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This  
(amount) (date)  
payment is for \_\_\_\_\_.  
(description of goods/services)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use 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; so long as the transaction corresponds to the terms indicated in this form.

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Cardholder Name	_____		
Card Number	_____		
Expiration Date	_____		
CVV2 (3 digit number on back of Visa/MC,	_____		