**A picture containing text, clipart

Description automatically generated**

**NORTH FLORIDA SCHOOL OF AIKIDO**

**Credit Card Authorization Form**

Please complete all fields. Print legibly. You may cancel this authorization at any time by contacting us at [info@northfloridaaikido.org](mailto:info@northfloridaaikido.org). This authorization will remain in effect until cancelled.

|  |
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| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX  □ Other |
| Cardholder Name (as shown on card): |
| Card Number: |
| Expiration Date (mm/yyyy): |
| Cardholder ZIP Code (from credit card billing address): |
| CC Security Code: |
| Mailing Address: |
| Telephone number: |
| Email Address: |
| Recurring charge on monthly basis for dues $80 (Aikido/BJJ) $60 (Karate) $50 (HS/U Students)  Recurring charge on monthly basis for donation \_\_\_\_\_\_\_\_\_\_\_\_ (optional)  Total Recurring charge on monthly basis \_\_\_\_\_\_\_\_\_\_\_\_ |

I, , authorize North Florida School of Aikido, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date