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**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. 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