

## Recurring Debit/Credit Card Authorization Form

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (3 digits located on the back of the card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

I \_\_\_\_\_ authorize **All Mission Indian Housing Authority** to charge the agreed amount listed above to my debit/credit card provided herein on the \_\_\_\_\_ day of each month. I agree that I will pay for this charge in accordance with the issuing bank cardholder agreement.

Cardholder- Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel the agreement in writing with **All Mission Indian Housing Authority**. In addition, I agree to notify **All Mission Indian Housing Authority** of any changes to my payment information at least 10 days prior to the next payment authorization period. I am the authorized user of this payment card and will not dispute the scheduled payments outlined above.

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO:

**All Mission Indian Housing Authority**  
**27368 Via Industria Suite 113**  
**Temecula, CA 92590**