



Club of
Los Gatos



Los Gatos
Rotary
Charities
Foundation

Credit Card Payment Authorization

Completing and returning this form authorizes the **Rotary Club of Los Gatos** (the “Club”) and the **Los Gatos Rotary Charities Foundation** (the “Foundation”) to charge your Visa, MasterCard, AmEx, or Discover credit card for all expenses incurred by you that are associated with the Club or Foundation. Credit card donations to the **Los Gatos Rotary Scholarship Fund** (the “Fund”) are billed by the Foundation for the Fund.

How it works: Monthly, the Club will email an invoice itemizing your expenses for the prior month, which you have authorized (examples: dues, meals, event tickets, etc.). Concurrent to sending your invoice your credit card will be charged for the total amount due and a receipt be emailed to you. The charge will appear on your credit card statement. The Foundation invoices charges separately, as donations are made. You have the right to question any charges or to view documentation. Corrections will be made as soon as possible, but within 15 days.

Fill out this form completely from your computer or please print legibly. All fields are required.

I, _____, authorize the **Club** and/or the **Foundation** to charge my credit card entered below for payment of my expenses associated with the Club or the Foundation, including but not limited to monthly dues, meal charges, event tickets, \$20 for 20, voluntary donations (such as Los Gatos Rotary Scholarship Fund, The Rotary Foundation or Polio Plus), etc.

I understand that my credit card number will be stored, encrypted, with a secure merchant services vendor chosen by the Club. After digitally entering the information, this form and associated records will be destroyed. I also agree to notify the Club and/or Foundation if my credit card information changes or becomes invalid.

Name on Card: _____

Account Number: _____

Expiration Date: _____ CVCC (3 or 4 digit code on back): _____
(MM/YY)

Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Email: _____

SIGNATURE: _____ Date: _____

I authorize the **Rotary Club of Los Gatos** and/or the **Los Gatos Rotary Charities Foundation** (or for the benefit of the Los Gatos Scholarship Fund) to charge the credit card indicated above according to the terms outlined herein. I understand that this authorization will remain in effect until I cancel it, and I agree to notify the business in writing of any changes in my account information or termination of this authorization as soon as possible, prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.