



MISSOURI ADULT DAY SERVICES ASSOCIATION

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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Missouri Adult Day Services Association** to make a one-time debit to your credit card listed below. Please attach this form to your registration form.

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. **All credit card payments will include a 3% convenience fee.**

Please complete the information below:

I _____ authorize **Missouri Adult Day Services Association**
(full name)

to charge my credit card account indicated below for _____ on
(amount)

or after _____. This payment is for _____.
(date) (description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV _____

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.