



**The Rotary Club of Beaumont
The Beaumont Rotary Foundation**

AUTHORIZATION AGREEMENT FOR CREDIT CARD SERVICES

I hereby authorize the **Rotary Club of Beaumont** and/or the **Beaumont Rotary Foundation** to initiate debit entries (as listed below) and to retain this information for future use as requested/instructed.

Credit Card Authorization (please print):

ROTARIAN'S NAME			
CREDIT CARD NUMBER	CARD TYPE	EXP DATE	SEC CODE
NAME ON CARD	BUSINESS NAME ON CARD (IF ANY)		
CREDIT CARD BILLING ADDRESS	CITY	STATE	ZIP CODE

Credit Card may be used for the following:

☐	Rotary Club of Beaumont membership semi-annual dues (include current and any outstanding balances)
☐	Beaumont Rotary Foundation Service Above Self donation (indicate which amount below) ☐ Semi Annual donation of \$50 ☐ Annual donation of \$100
☐	Rotary International donation for the SHARE fund (indicate which amount below) ☐ Semi Annual donation of \$50 ☐ Annual donation of \$100
☐	Rotary International donation for End Polio Now (indicate which amount below) ☐ Semi Annual donation of \$50 ☐ Annual donation of \$100
☐	Other charges or donation: _____ _____ _____ Amount \$ _____ Amount \$ _____

PLEASE make every effort to update us with changes in your credit card account to assure accurate and timely billing. This authority is to remain in full force and effect until the Rotary Club of Beaumont or the Beaumont Rotary Foundation has received written notification from me of its termination in such time and in such manner as to afford the Rotary Club of Beaumont or the Beaumont Rotary Foundation a reasonable opportunity to act on it.

ACCOUNT HOLDER SIGNATURE	EMAIL FOR RECEIPT
CUSTOMER/CONTRACT ID (FOR COMPANY USE)	DATE

Please fill out the form completely; sign and email to admin@beaumontrotaryclub.org or fax to the Rotary office at 409-842-5613.