

CREDIT CARD BILLING AUTHORIZATION FORM

Name			
Person Authorizing			
Credit Card Type	Visa	<input checked="" type="checkbox"/>	
	Master Card	<input type="checkbox"/>	
	Amex	<input type="checkbox"/>	
	Discover/Novus	<input type="checkbox"/>	
	Other, please specify	<input type="checkbox"/>	
Issuing Bank			
Credit Card Number			
Expiration Date			
Billing Address			
City			
h			
Zip/Postal Code			
Phone Number			
Please select one of the Following Payment Options			
Monthly	x	Bill my credit card once per month for the amount of rent or house payment each month for all contracts with Copper River Basin Regional Housing Authority	

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that if any charges are declined a charge back fee of \$25.00 will be charged. If the declination causes your account to become delinquent the late fee will be applied to your CRBRHA account.

NOTE: It is the responsibility of the cardholder to ensure credit card information is current.

Per Phone Call
 Card Holder Signature _____

Date _____