



## **Credit Card on File Authorization Form**

***\*Please fill out all of the details completely each time. Print clearly.\****

**Card Type: (Please Circle One)    Visa    MasterCard    Discover    American Express**

**Card Holder's Name:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Card No:** \_\_\_\_\_

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

**Cardholder's Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

***Must have an active email address to participate in the program***

**Active Email Address:** \_\_\_\_\_

***Spouse and/or other family members covered under this credit card:***

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

**Date of Birth:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_