



## Debit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Mount Ararat Community Activity Center (MACAC) to:

\_\_\_\_\_ **Charge**

\_\_\_\_\_ **Change**

\_\_\_\_\_ **Cancel**

my debit card account in the amount of \$\_\_\_\_\_ beginning on \_\_\_\_\_ for \_\_\_\_\_.  
(Date) (Child's Name)

### **New/Change**

My account will be billed in this amount \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly

Debit Card Type: (*New or Change*)

VISA  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Debit Card Billing Name & Address: (*New or if Changed*)

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Cancel:** Purpose for Cancellation \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Cardholder's Signature Date

Please allow 3-5 Business days for changes to occur.

Your completion of this authorization form helps us to protect you from credit card fraud. MACAC will keep all information entered on this form strictly confidential.