



**westbay community action**  
*Helping people. Changing lives.*

## CREDIT CARD AUTHORIZATION FORM

I AUTHORIZE WESTBAY COMMUNITY ACTION, INC. TO CHARGE MY INVOICES TO MY CREDIT CARD. WESTBAY COMMUNITY ACTION, INC. OR I MAY TERMINATE THIS AGREEMENT BY WRITTEN NOTICE FROM EITHER PARTY TO THE OTHER.

<b>CARDHOLDER'S INFO:</b>			
Cardholder's Name			
Cardholder's Home Address			
Cardholder's Billing Address			
<b>CREDIT CARD INFORMATION</b>			
Card #			
Expiration Date			
Security Code			
Type of Card	Master Card ____ or Visa Card ____ Other ____		
<b>SIGNATURE &amp; DATE OF CARDHOLDER</b>			
Signature		Date	
<b>PAYMENT INFORMATION (TO BE COMPLETED BY OFFICE)</b>			
Child's Name		Weekly Charge	

Completed forms may be returned to:

Westbay Children's Center  
22 Astral Street  
Warwick, RI 02888

Revised 7/2017