



Kirtland School District PTA
9140 Chillicothe Road
Kirtland, OH 44094
440-256-1045 Fax

One-Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the Kirtland PTA to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ (full name) authorize the Kirtland PTA to charge my credit card

account indicated below on or after April 28, 2018. This one-time payment is for purchases at the PTA Auction.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: [] Visa [] MasterCard [] Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

Security code (CVV) _____

SIGNATURE _____

DATE _____

I authorize the Kirtland PTA to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.