

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Expiration Date (mm/yy): _____	Card 3-digit Code: _____
Cardholder ZIP Code (from credit card billing address): _____	

I, _____, authorize the Foundation for Geauga Parks (FGP) to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

FGP uses Square to process credit card payments. Square is Payment Card Industry Data Security Standard (PCI DSS)-compliant. Once data is entered into Square it is kept in encrypted form and your full credit card number is never displayed.