

38377 Swanson River Road
PO Box 15
Sterling, AK 99672

Sterling Community Center



(907) 262-7224 Phone
(907) 262-9225 FAX
www.sterlingcommunitycenter.com

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):	CVV Code: _____
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize **Sterling Community Center** 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