



CREDIT CARD AUTHORIZATION FORM

Payment Information/Credit Card Authorization (PLEASE PRINT)

Check payable to Ocala PFHA

Credit Card Visa Master Card American Express

Name on Card: _____ Expiration date: _____

Card Number: _____ Security code: _____

Billing address: _____ Zip Code: _____

Cardholder Signature: _____

Date: _____

Email address: _____ Phone: _____

By completing the above information, you authorize OPFHA to charge the credit card account above

THERE IS A 4% PROCESSING FEE THAT IS ADDED TO THE TOTAL