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Recurring Payment Authorization Form

Please complete the information below:

I, _____ authorize California Manufacturing Workforce Foundation to charge my credit card or debit card on the 1st of each month beginning on _____ (month/year) and ending on _____ (month/year) for the amount of \$ _____ /month.

Name/Co. Name: _____

Billing Address: _____

E-mail: _____ Phone: _____

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Cardholder Name _____

Credit Card Number _____

Exp. Date _____

CVV (3-digit number on back of card) _____

Billing Zip Code _____

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

NAME _____