



SUN CITY PALM DESERT
Community Association

CREDIT CARD AUTHORIZATION FORM

Client Name: _____

Name on Card: _____

Credit Card
Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Deposit Amount: \$ _____ Date of event: _____
OR

Payment Amount: \$ _____ Date of event: _____

VISA MASTERCARD DISCOVER

Last 4 Digits of Credit Card #: _____

I authorize Sun City Palm Desert Community Association to charge the aforementioned card for noted amount. Any additional costs incurred that are not collected according to the payment schedule will be charged against the noted credit card.

Printed Name: _____ Date: _____

Signature: _____

We DO NOT store your credit card details. The section below will be discarded in a safe and secure manner.

Card Number: _____

Expiration Date: _____ CVV2 Code: _____ (Last 3# on back of card)