



# Leadership Circle Credit Card Authorization Form

I hereby authorize the Rockland Community Foundation to electronically debit/credit my credit card for **Donations/Gifts to the Rockland Community Foundation** and if necessary, electronically credit my account to correct erroneous transactions. I acknowledge that I am an authorized signer on the credit card listed below:

## Credit Card Information

Credit Card Type: \_\_\_\_\_ (Visa, MasterCard, AMEX)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CSV #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Your electronic payment will be processed on the following business day if the date occurs on a weekend or Federal Holiday. If an email address is provided you will receive notification of funds being electronically debited from your account.*

I acknowledge that the origination of a Debit/Credit Card transactions to the authorized account comply with the all applicable laws and regulations. The Rockland Community Foundation will not warrant that debits will be posted in a timely manner if there are any incidents of NSF, late payments or if you fail to advise the Rockland Community Foundation, of changes to pertinent information, e.g. credit card number. Any and all late fees arising from the failure to provide change notification, or non-payment caused by NSF, shall remain the sole responsibility of the customer. I agree to indemnify and hold harmless the Rockland Community Foundation from all claims, costs, damages, attorney fees and other expenses which may incur in consequences of honoring this request. I understand that this authorization will remain in full force and effect until I notify the Rockland Community Foundation in writing to terminate at least 10 days prior to the next scheduled draft date. Termination request must be mailed to: P.O. Box 323, New City, NY 10956.

\_\_\_\_\_ To be taken \$ \_\_\_\_\_  Monthly  Quarterly  Semi/Annually\*  
Total Pledge Amount 1<sup>st</sup> of each Month  15<sup>th</sup> of each month  Other: \_\_\_\_\_

Credit Card Debit to occur:\*

\_\_\_\_\_  
(Signature)\*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name-PLEASE PRINT)

Mailing Address: \_\_\_\_\_