

# One (1) Time Credit Card Authorization

Sign and complete this form to authorize South Shore Support Services to make a one-time payment

By signing this form, you give us permission to charge credit card for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated credits to your account.

I \_\_\_\_\_ authorize South Shore Support Services to charge  
my \_\_\_\_\_  
(Full Name)

bank account indicated below for \$ \_\_\_\_\_ on \_\_\_\_\_.  
(Amount \$) (Date)

This payment is for \_\_\_\_\_.  
Services

## Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Card Details

Visa  MasterCard  Discover  American Express

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

CVV \_\_\_\_\_ (appears on back) CVV for American Express \_\_\_\_\_ (appears on front)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Credit Card's holder Signature