

CREDIT AUTHORIZATION FORM



Please complete the information below:

I _____ authorize Starbound Theatre to
(full name)
charge my credit card indicated below for \$ _____ for fees and/
or ordered items.

I _____ authorize Starbound Theatre to
(full name)
charge my credit card indicated below for up to \$150 dependent on
volunteer hours not met at the tech week of this production of
_____ for payment of my volunteer hours not meet at \$15 per
hour up to 10 hours. This form will be kept locked in our safe and will be
destroyed after 90 days following the charge.

Billing Address _____

City _____ State _____ Zip _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card Payment Info

Visa	MasterCard	Amex	Discover
Cardholder Name _____			
Card Number _____			
Exp. Date _____	CSC/CVV 3 Digit _____	Billing Zip Code _____	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Starbound Theatre in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Starbound Theatre may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account 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 _____