
Recurring Credit Card Charge Authorization Form

I (we) hereby authorize Interior Region Emergency Medical Services Council, Inc. (IREMSC) to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until IREMSC is notified by me (us) in writing to cancel it in such time as to afford IREMSC and the Credit Card Company a reasonable opportunity to act on it. Once this form is processed, we will shred this form and keep no record of your complete credit card number. If changes are required, another form must be completed.

(Credit Card Holder's Name - PLEASE PRINT AS APPEARS ON CARD)

(Credit Card Holder's Email - PLEASE PRINT)

(_____) _____
(Credit Card Holder's Phone)

(Billing Address for Credit Card)

(City) (State) (Zip Code)

Please check one: Visa MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Security Code (3 digit code located on back of card): _____ Expiration Date: _____ / _____

Maximum Charge Amount: \$ _____

Frequency (please check one): Bi-monthly Monthly

(Signature)

(Effective Date)

Please return to:

Interior Region EMS Council, Inc.
Attn: Fiscal & Business Operations Manager
2503 18th Avenue
Fairbanks, AK 99709

907-456-3978
accountant@interioremscouncil.org
www.iremesc.org