



INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709
Phone (907) 456-3978 • Fax (907) 456-3970

Credit Card Authorization Form

I hereby authorize **Interior Region Emergency Medical Services Council, Inc. (IREMSC)** to securely store my credit card information. This authorization is to settle outstanding invoices, facilitate recurring charges, rectify any transactions credited/debited in error, and collect late fees related to rentals or invoices.

Upon processing this form, the detachable section containing credit card details will be promptly shredded and destroyed. Any necessary changes require the completion of a new form.

Your card will be used exclusively for transactions directly related to outstanding invoices, recurring charges, adjustments for errors, and the collection of late fees associated with rentals or invoices, as agreed upon.

This authorization remains valid until written notice of cancellation is provided to IREMSC. Please allow a reasonable time for both IREMSC and the Credit Card Company to take appropriate action.

Credit Card Holder's Name: _____

Credit Card Holder's Email: _____

Credit Card Holder's Phone: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code _____

Last 4 of Authorized Credit Card: _ _ _ _

Signature: _____

Office: Detach Here After Processing Form

Card Type: Visa MasterCard

Credit Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _

Security Code: _ _ _ Expiration Date: _ _ / _ _