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Robert Unger**CREDIT CARD AUTHORIZATION FORM FOR FUTURE PAYMENTS****Authorization to Retain Credit Card on File**

I, _____, hereby authorize Jewish Nevada to retain my credit card information on file for the purpose of processing future payments as specified below.

Cardholder Information:

- Name on Card: _____
- Billing Address: _____
- City, State, Zip: _____
- Phone Number: _____
- Email: _____

Credit Card Details:

- Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
- Card Number: _____
- Expiration Date: _____
- CVV: _____

Authorized Use:

I authorize Jewish Nevada to charge my credit card for the following (check all that apply):

- ☐ Recurring donations/payments in the amount of \$ _____ on a ☐ monthly ☐ quarterly ☐ annual basis
- ☐ One-time charges as agreed upon by verbal directive, phone, or email
- ☐ Specific program fees or services, as outlined below:

Terms & Conditions:

- This authorization will remain in effect until I notify Jewish Nevada, in writing, that I wish to revoke it.
- I agree to notify Jewish Nevada of any changes to my credit card information or billing address.
- Jewish Nevada will maintain this information securely and will not share it with unauthorized parties.
- Charges will only be made with my consent as described above.

Cardholder Signature: _____ **Date:** _____