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# Recurring Credit Card Charge Authorization Form

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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.

\_\_\_\_\_  
(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)

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**Please return to:**

Interior Region EMS Council, Inc.  
Attn: Samara Steele  
2503 18<sup>th</sup> Avenue  
Fairbanks, AK 99709

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