

Credit Card Payment/Refund Authorization Form

Sign and complete this form to authorize **Cole County Extension** to make a one-time debit/credit to your credit card listed below.

By signing this form you give us permission to debit/credit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Cole County Extension** to charge my credit card
 (full name)

account indicated below for _____ on or after _____. This payment is for
 (amount) (date)

 (description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

- 4-H:** _____
- Bus:** _____
- Fall Festival**
- Horticulture:** _____
- MG:** _____

- Nutrition:** _____
- Other:** _____
- Publication:** _____
- Soil Test**

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

This extension center will **NOT** accept this authorization form by email. **BUT** we will accept it by fax at 573-634-5463; by mail 2436 Tanner Bridge Road, Jefferson City, MO 65101 or call the information it at 573-634-2824.