



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Rubadue Wire to make a one-time debit to your credit card listed below to register for the **RUBADUE WIRE OPEN**. *All proceeds going to the Alzheimer's Association.

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

Questions? Contact Elyse or Michelle: 970-351-6100

Send form via secure fax line: 970-313-4568

or Email form: RubadueOpen@rubadue.com

Please complete the information below:

I _____ authorize Rubadue Wire 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 _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

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.