



## CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize RIPTA to make a **one-time (1) charge** to your credit card listed below.

By signing this form you give RIPTA permission to debit your account listed for the amount indicated on or after the indicated date. This permission is for a single transaction only, it does not provide authorization for any additional unrelated debits or credits. The information provided shall not be used for any other purpose. The information provided is not retained by RIPTA and will be destroyed upon successful processing of the one-time payment.

I, \_\_\_\_\_ authorize RIPTA to charge my credit card  
(cardholder's full name)

account indicated below for the sum of \$ \_\_\_\_\_ on \_\_\_\_\_.  
(amount) (date)

Card Type: Visa\_\_\_ Mastercard\_\_\_ Discover\_\_\_ AMEX\_\_\_

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City, State, Zip)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize RIPTA to charge the credit card indicated on this authorization form according to the terms and conditions stated above. This payment authorization is for the amount indicated above only and is valid for one-time (1) use only. I certify that I am an authorized user of this account and I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated on this form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_