PAWSIBILITIES® Humane Society of Greater Akron

Credit Card Reoccurring Donation Authorization Form

Sign and complete this form to authorize Humane Society of Greater Akron to make a debit to your credit card listed below on either the first of every month, the fifteenth of every month, or the first of each year.

By signing this form you give us permission to debit your account for the amount indicated below. This is permission for multiple transactions of the same amount, and does not provide authorization for any additional unrelated debits or credits to your account.

Please fax this form to (330) 487-0365 or mail it to:

Pawsibilities, Humane Society of Greater Akron
ATTN: Accounting
7996 Darrow Rd.
Suite 30
Twinsburg, OH 44087

Please complete the information below:

First Name _____ Last Name _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

Authorization Amount: $_____

Charge my Credit Card on the: ☐ First of each Month ☐ Fifteenth of each Month ☐ First of Each Year

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 a reoccurring donation, for the amount indicated above only, and is valid for multiple transactions until service is cancelled. 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.