



Regional Access Inc.  
 1609 Trumansburg Road  
 Ithaca, New York 14850  
 www.RegionalAccess.net

T: 607.442.4163  
 F: 607.319.5156  
 michelle@RegionalAccess.net



# Credit Card Authorization Form

---

## ***Credit Debit Authorization Form***

I (we) hereby authorize REGIONAL ACCESS to charge my credit card for the agreed upon purchases, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until REGIONAL ACCESS is notified by me (us) in writing to cancel it in such time as to afford REGIONAL ACCESS a reasonable opportunity to act on it.

\_\_\_\_\_  
 (Customer Name/Name on Account)

\_\_\_\_\_  
 (Cardholder Name as Shown on Card)

\_\_\_\_\_  
 (Card Number)

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

Billing Zip Code: \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

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

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

Note: this may be signed electronically by typing in authorized name. Please note this will be considered an official signature and approval to move forward and process the application.