

Credit Card Authorization Form

STUDENT INFORMATION

Student Name: _____
First Middle Maiden Last

Mailing Address: _____

Email: _____

CARDHOLDER INFORMATION

Phone: _____ Cell: _____



Name on Card: _____

Card Number: _____

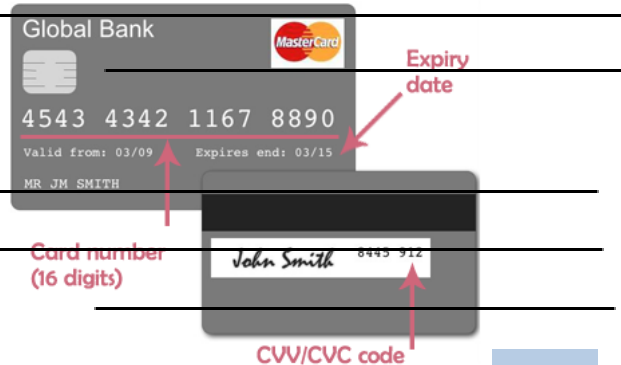
Expiration Date: _____

CVV/CVC Code: _____

Billing Address: _____

City, State, Zip: _____

Email: _____



AUTHORIZATION

Contact Phone: _____

I _____, authorize The Ferree Educational and Welfare Fund (The Ferree Foundation) to process a monthly charge against my credit card in the amount* of \$ _____.

Date: on the 10th of each month

on the 20th of each month

*\$1.00 processing fee will be added to each transaction.

These charges will continue until the student loan is repaid in full, or The Foundation receives written notice (at least 2 weeks advance notice required) to discontinue charges.

By signing this form I certify that the information provided is true and correct.

Signature: _____ Date: _____

Mail completed form to:
The Ferree Foundation
PO Box 2207

Scan and email form to
HYPERLINK
"mailto:ferreefoundation@triad.rr.com"

**Ferree
Foundation**

Post Office Box 2207
Asheboro, North Carolina 27204-2207
Telephone (336) 629-2998

www.ferreefoundation.org . Email: ferreefoundation@triad.rr.com

OR