

**LAKEWOOD HOMEOWNERS ASSOCIATION**  
**Credit / Debit Card Authorization Form**  
**Monthly Auto-draft**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ <span style="float: right;">Three (3) digit CVV on back</span>
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize LAKEWOOD HOMEOWNERS ASSOCIATION to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_

Printed name

\_\_\_\_\_

Signature / Date

