



**Newtown**  
COMMUNITY CENTER

# Room Rental Credit Card Authorization

## Contact Information

Name:

Phone Number:

## Credit Card Information

Name on Card:

Billing Address *(provide full address)*:

Credit Card Number:

Credit Card Expiration Date:

CVC (Card Verification Code):

Cardholder Signature:

## Authorization

*I give authorization for the Newtown Community Center to process the payment for the Community Center Room Rental or Birthday Party.*

Signature:

Print Name:

Date: