






The
DOMINION
Homeowners Association

CREDIT CARD AUTHORIZATION FORM

Dominion Address: _____

BILLING INFORMATION:

Name As It Appears on the Credit Card:		Resident Phone Number:		
Credit Card Type: (Please select one)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/>
Credit Card Number:		Expiration Date:		Verification Code:
Billing Address:		City	State	Zip

I hereby authorize the Dominion Homeowners Association to charge my credit card in the amount of \$_____. **One-Time Transaction** **Recurring Transaction (Monthly)**

Signature:	Date:

There will be a 3.5% processing fee + \$1.95 charge per transaction

We value you as a resident and look forward to servicing you in the future.

Thank You, The Dominion Homeowners Association

----- **Office Use Only** -----

Completed By: **Payment Processed By:** **Owner Number:**