



## Credit Card Authorization Form for Deposit

Please complete all fields. You may cancel this authorization at any time by contacting us at: [gwenvictorson@truenorthtreks.org](mailto:gwenvictorson@truenorthtreks.org). This authorization will remain in effect unless otherwise stated.

### Credit Card Information

Card type:  MasterCard  Visa  Discover  
 Other: \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

First Name

Last Name

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ CVV Number: \_\_\_\_\_

Cardholder Zip Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize TRUE NORTH TREKS to use this deposit if needed to offset costs associated with unforeseeable expenses related to my participation. I understand this will NOT be acted upon (eg., CC will not be charged) unless I have gone far enough into the application process where my flight has been purchased and/or other eligible participants have been turned away and TRUE NORTH TREKS cannot recuperate the expenses. I also understand that TRUE NORTH TREKS will not charge this card prior to communicating with me first.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_