



**Credit Card Authorization Form
For SafetyNET Transactions**

Please print this form out, complete it, and mail it along with your background check submissions. Please note that there is a \$1.00 credit card transaction fee in addition to the background check fees.

Amount to be Charged:

Number of Background Checks Requested: _____ x \$18.00 = _____
Plus credit card transaction fee _____ + _____ \$1.00
Total to be charged: \$ _____ .00

Volunteer IDs covered by this payment: _____

Credit Card Information:

Type of Card: _____ Visa _____ Mastercard *(Note: We do not accept American Express)*

Card Number: _____

Expiration Date: ____ / ____ (Month/Year)

Name on Card: _____

Address: _____

Phone: _____

E-mail: _____

(Note: Your phone and e-mail will only be used to contact you if your credit card is not valid.)

Please check here if you need a receipt. _____ *(If requested, the receipt will be e-mailed to you.)*

Authorization:

As the cardholder, I specifically authorize MENTOR/National Mentoring Partnership to charge my credit card in the amount specified above for the SafetyNET background check services provided. I further agree that if my credit card is invalid, I will provide MENTOR with a new valid credit card or an alternate form of payment for any outstanding balances.

Signature: _____

Printed Name: _____

Date: _____