



# CREDIT CARD AUTHORIZATION DEPOSIT FORM

I, \_\_\_\_\_ an authorized representative of  
[name]

\_\_\_\_\_ hereby authorize Aliaksandr Sheuchykh to  
[company]

charge the following credit card:

VISA ☐

AMEX ☐

MC ☐

DISCOVER ☐

CC # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV # \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For a deposit amount equal to the insurance deductible associated with my account. I authorize Aliaksandr Sheuchykh to keep this authorization form on file and to charge my card for any future outstanding balances.

Signature \_\_\_\_\_

**Copy of card holder's ID and front and back  
of credit card must accompany this form.**

Date \_\_\_\_\_