

Scripps Ranch Recreation

Recurring Credit Card Payment Authorization

I hereby authorize regularly scheduled charges to my credit card on file as indicated below. I approve the credit card listed below to be charged the account balance in full each month between the 5th and 8th of each month. I understand that a receipt for each payment will be provided upon request and the charge will appear on my monthly credit card statement. I agree that no prior-notification will be provided.

I _____ authorize _____ to charge:
(Cardholder's Name) (Merchant's Name)

Billing Information

Member Name _____ SRSRC Member # _____
Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____
Account/CC Number _____
Expiration Date ____ / ____
CVV ____
Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify *Scripps Ranch Recreation* in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
(Cardholder's Signature)