Southlands Riding Club

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount required and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

| Customer Information ""(To be comp | leted by merchant)"" | | | |
|---|--|---|--------------------------------------|----|
| SRC Member Name(s): | Customer account number: N/A | | Phone: | |
| | | | | |
| | | | | |
| Payment Information ""(To be completed | eted by merchant)"" | | | |
| I authorize Southlands Riding Club to a | nutomatically bill the card | listed below as spec | ified: | |
| Amount: Varies | Frequency: ☐ Weekly ☑ Monthly ☐ Quarterly ☐ Annually | | | |
| Start billing on: / ASAP / | End billing when: | ☐ Contract expires: ☑ Customer provides | written cancellation | |
| Credit Card Information ""(To be com | npleted by customer)"" | | | |
| Southlands Riding Club accepts the fol | lowing credit cards: Visa | or Mastercard only | 7 | |
| | | | | |
| Credit card type: | Credit card number: | | Expires: | CV |
| | | | / | |
| Cardholder's name: | er's name: | | Cardholder's postal code (required): | |
| s shown on credit card) | | (from credit card t | (from credit card billing address) | |
| Customer's signature: | | Date | | |