Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring 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 indicated 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.

merchant

Customer Information (to be completed by merchant)

Customer/company MONTANNA R BUSBY

Contact name WILL Account number 2952-110PB

Email address WILLWRIGHT1@GMAIL.C(Phone ( ) - Ext:

Payment Information (to be completed by merchant)

I authorize River Rock Property Owners Association to automatically bill the card listed below as specified:

Product/service description Quarterly Association Dues

Recurring amount $106.48

Frequency (check one) ☐ Once ☐ Daily ☐ Weekly ☐ Twice/month ☐ Monthly ■ Quarterly

Start on 04 (Month) / 01 (Day) / 2018 (Year) End on: (check one) ☐ ____ (Month) / ____ (Day) / ____ (Year)

☐ No end date

customer

Credit Card Information (to be completed by customer)

Card type ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other

Cardholder name (as shown on card) Cardholder ZIP Code (from credit card billing address)

Card number Expires ____/____

☐ Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature Date