

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information 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.

Rotary Club of Bainbridge Island

Rotarian's Name _____ (print Name)

Email address: _____ phone (____) _____

Payment Information:

I authorize The Rotary club of Bainbridge Island to automatically bill the card listed below as specified:

Product/service description _____

Recurring amount _____

Customer/company: Rotary Club of Bainbridge Island

Contact name: Gary Kuntz, Operations Treasurer Email address: gekuntz@hotmail.com

Phone (206) 842-6537

Frequency (check one) Monthly) Quarterly

Start on _____ / _____ / _____ End on _____ / _____ / _____
Month Day Year Month Day Year

No end date

Customer Information

Credit card information (to be completed by customer)

Card type Visa MasterCard American Express

Cardholder name _____ cardholder zip code _____
(as shown on card) (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