

# Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment can be provided to you electronically and the charge will appear on your credit card statement. You agree that no further prior-notification will be provided. If any of your credit card information changes after completing this form, you must notify our office in order to update the information at least 5 days prior to the payment date. Late charges will apply if the card is declined due to insufficient funds or inadequate credit card information.

I \_\_\_\_\_ authorize Observation Knob Park to charge my  
(Cardholder's Name)

Credit Card indicated below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of  
(Amount \$) (day - 1<sup>st</sup>-5<sup>th</sup>)  
each Month. \*In addition to the amount indicated, a 3% charge is added to all credit card transactions.

## Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Card Details

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name \_\_\_\_\_

Last 4 of 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 Observation Knob Park of any changes in my account information or termination of this authorization at least 5 days prior to the next payment 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 \_\_\_\_\_  
(Cardholder's Signature)

DATE \_\_\_\_\_