



EVERETT ROWING ASSOCIATION
Authorization Agreement for Credit Card Payments



By signing below I authorize the Everett Rowing Association (ERA) to automatically bill the card listed below for payment of ERA provided services and expenses. ERA will 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 ERA.

Customer Information

Member name: _____

Billing Email: _____

Billing Phone: _____

Payment Information

Payment amount: _____ Please avoid start dates after the 25th of the month.

Frequency: Once Monthly Quarterly

Start on ___/___/___ End On: ___/___/___ No end date

Credit Card Information

Card type VISA MasterCard (Amex not accepted)

Cardholder name _____

Address _____ Zip _____

Card number _____

Expires ___/___

Customer Signature

Date

Special Instructions: