



## Recurring Payment Authorization

If you would like to enjoy the convenience of automatic recurring billing, simply complete one form for yourself and a separate form for each additional member of your household. 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 credit card statement.

### Lion Member Information

Lions' Full Name (Please Print) \_\_\_\_\_  
Member Email \_\_\_\_\_ Phone # \_\_\_\_\_

### Cardholder Payment Information

I \_\_\_\_\_ authorize the Colleyville Lions Club to automatically bill the card listed below to pay dues for the above named Lion. Any applicable discounts, i.e. Family or Lifetime members, will be calculated and applied by the Club Treasurer. If an increase in dues is approved, members will be given notice at least 30 days prior to the next billing cycle.

- \$ 190.00 annually on the 1<sup>st</sup> business day of January
- \$ 190.00 annually on the 1<sup>st</sup> business day of July
- \$ 95.00 twice per year on the 1<sup>st</sup> business days of January and July

START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

### Card Details

Visa     MasterCard     Discover     American Express

Name on Card \_\_\_\_\_ Zip Code \_\_\_\_\_  
(from credit card billing address)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CVV/CID \_\_\_\_ (3 or 4 digit code on card)

Cardholder Email \_\_\_\_\_ Phone # \_\_\_\_\_

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

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Colleyville Lions Club Treasurer in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year