

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.

customer merchant

Customer Information (to be completed by merchant)

Member name _____
Email address _____ Address _____
City/State _____ Preferred Phone _____

Payment Information (to be completed by merchant)

I authorize _____ the Treasurer of Rotary Club Las Vegas Summerlin _____ to automatically bill the card listed below as specified:

Product/service description _____ Monthly Membership Dues _____

Recurring amount _____ Active member: \$85 Associate Member: \$49
Corporate Member \$100

Month Day Year End on: (check one) Month Day Year
 No end date

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover AMEX Other _____

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

Card number

Customer's signature

Date