

CREDIT CARD / ACH AUTHORIZATION FORM

CUSTOMER INFORMATION

NAME	
ADDRESS CITY, STATE, ZIP	
S PHONE	EM AIL
INVOICE#	AMOUNTS

PAYMENT INFORMATION

CREDIT CARD / CHECK CARD AUTHORIZATION	<input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
NAME AS IT APPEARS ON THE CARD	CREDIT CARD / CHECK CARD BILLING ADDRESS (if different than address above)

CREDIT CARD NUMBER	EXPIRATION DATE (MM/YY)	SECURITY CODE
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ACH AUTHORIZATION*	<input type="radio"/> CHECKING ACCOUNT <input type="radio"/> SAVINGS ACCOUNT
NAME OF BANK	

ACH ROUTING NUMBER	BANK ACCOUNT NUMBER
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I authorize Santa Rosa Yacht Club Owners Association to initiate charges for monthly fees or a one-time payment due against the above referenced card or bank account. This authorization is for payments I am obligated to make under my Agreement with Santa Rosa Yacht Club. I also authorize the financial institution, listed above, to affect all such debits to my account. I understand that a return fee of \$25.00 for ACH will be charged on all returned items. This authority will remain in full force and effect until I have given written notice to the financial institution where my account is maintained and that all monies due under the CLIENT AGREEMENT and under any other agreements with us our affiliates for any related services have been paid in full.

AUTHORIZED SIGNATURE	PRINT NAME	DATE
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*ATTACH A VOIDED CHECK FOR AN ACH PAYMENT

COPY OF

DRIVER'S LICENSE

THANK YOU FOR YOUR PAYMENT!