

Credit Card On File Form for Recurring Verbal Authorization

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card): _____
Card Number: <u>XXXX</u> - _____ (last four digits only)
Expiration Date (mm/yy): _____
Cardholder Street Address (from credit card billing address): _____
Cardholder ZIP Code (from credit card billing address): _____
Cardholder email (to receive receipts): _____

I, _____, authorize Doylestown Tennis Club to charge my credit card above for purchases as they occur, only when I give a verbal authorization at the time of the charge. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date