



White Pine Resort Credit Card Payment Authorization Form

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

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Credit Card Number: _____
Expiration Date (mm/yy): _____ Security Code: _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Citizens To Save White Pine, LLC d.b.a. White Pine Resort to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

By signing this form, I give permission to debit my account for the amount indicated on or after the indicated date. This is permission for a monthly transaction, and does not provide authorization for any unrelated debits or credits to my account.

Amount to debit each month: \$ _____

Date to debit each month: \$ _____

This payment is for: _____

Customer Signature

Date

OTHER NOTES: