

Hales Mills Country Club  
146 Steele Road  
Johnstown, New York 12095  
518-736-4622

## Credit Card Payment Authorization Form

Please choose the option that applies:

- I authorize this information to be used for a monthly payment of  
\$ \_\_\_\_\_ for six months beginning on or after \_\_\_\_\_, 2020.  
By signing this form, I give Hales Mills Country Club permission to debit my account for the  
amount indicated on or after the indicated date.
- I authorize this information to be used for a monthly payment of  
\$ \_\_\_\_\_ for twelve months beginning on or after \_\_\_\_\_, 2020.  
By signing this form, I give Hales Mills Country Club permission to debit my account for the  
amount indicated on or after the indicated date.
- 

### Billing Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Account Type:  Visa     MasterCard     American Express     Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

(for AMEX it is four-digit on front of card)

***\*Your credit card will be charged on the fifteenth of each month.***

I authorize the above named business to charge the credit card indicated in this  
authorization form according to the terms outlined above. I certify that I am an authorized  
user for this credit card and that I will not dispute the payment with my credit card  
company, so long as the transaction corresponds to the terms indicated in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_