

ACH or Credit Card Authorization Form



I, _____, give permission to Lake County Rowing Association to charge
Customer name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

_____ Amount authorized

_____ Customer email

_____ Product/service

Fill out the **left side** to authorize ACH withdrawals OR the **right side** for Credit Card authorization.

ACH withdrawals are free.

Credit Card Payments will include a 4% transaction fee.

ACH Bank Withdrawal

Credit Card Type _____

Bank Routing # _____

_____ Cardholder (Name on card)

Bank Account # _____

_____ Card number

_____ Card Security Code

_____ Expiration date
(MM/YYYY)

_____ Billing address and Zip Code

Recurring payments information

Charge every: Month, Quarter,
Semi-Annual or Annual _____

Charge on this date _____
(For example, the 1st of every month)

_____ Payment amount

_____ Product/service purchasing

To cancel, contact: membership@rowlcra.org
(Name and email)

Terms of agreement: Your reoccurring payment will continue until canceled in writing. Cancellations must be received 2 weeks prior to the next scheduled billing date. Cancellations notices should be sent to the program director of your membership.

_____ Customer signature

_____ Date