



Auburn Academy of Martial Arts

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Member Information and Credit Card Information sections below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Member Information (To be completed by Member)

Member Name: _____ Address: _____ City: _____

Email Address (Required): _____ Phone: _____

Payment Information (To be completed by Merchant)

I authorize Auburn Academy of Martial Arts to bill the card listed below as specified:

Amount: _____ Frequency: One-time: Semi-Annually Annually
 Recurring: Monthly Quarterly

Start billing on: ____ / ____ / ____ End billing when: Contract expires: ____ / ____ / ____
 Upon member's request

Credit Card Information (To be completed by Member)

Auburn Academy of Martial Arts accepts Visa, Mastercard, and American Express

Credit Card Type: _____ Credit Card Number: _____ 3-digit CCV: _____ Expires: _____
(from back of card)

Cardholder's Name: _____ Cardholder's Zip Code: _____
(as shown on credit card) (from credit card billing address)

Member's Signature: _____ Date: _____