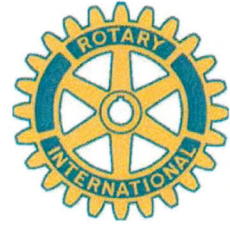


# Diablo View Rotary Credit Card Form



Please Check the Appropriate Box(es):

**One Time Use:** I hereby authorize Diablo View Rotary Club ("DVRC") to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am not authorizing DVRC to setup my account within a recurring billing system - rather, I prefer to pay by check or money order on all future invoices. I understand that if I want DVRC to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

Please list what the credit card authorization is for: \_\_\_\_\_

**Recurring Billing:** I hereby authorize DVRC to charge the indicated credit card on a periodic basis for the amount due under my contract with DVRC as indicated above. This Recurring Payment Authorization/Periodic Charge shall remain in force until cancelled by me in writing.

- Associate Membership**                      \$45.00 Per Month
- Active Membership**                        \$65.00 Per Month
- Corporate Membership**                    \$150.00 Per Month

## Authorization:

I hereby authorize DVRC to charge the indicated credit card in the manner selected above. To terminate the recurring billing process, if selected, I must cancel in writing. If I have not selected recurring charges, or if I cancel that option, the account will be manually invoiced and payment made via check or cash. I understand that all account cancellations must be made in writing. I will not dispute DVRC's recurring billing with my credit card issuer so long as the amount in question was for the amounts above, including as they may periodically be updated by DVRC, prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this agreement with DVRC. I will be responsible for any fees incurred by DVRC due to my card being declined or having an insufficient balance. I also agree to hold DVRC harmless for any negligent disclosure of payment information.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Ccard \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Exp \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_