



RECURRING PAYMENT AUTHORIZATION FORM

Year: _____

Canoe Club Name: _____

Credit Card Information

Card Type:

Mastercard VISA Discover AMEX Other: _____

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

CVV (3 digit number on back of card)

Complete Billing Address:

Street Address

City

State

Zipcode

I understand that this authorization will remain in effect for the remainder of the calendar year and I agree to notify O`ahu Hawaiian Canoe Racing Association-Hawaii in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. I certify that I am an authorized user of this credit card and will not dispute these transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder: _____

Signature

Date