



Sustaining Member Form
Credit Card Payment Authorization

Recurring Charge – You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. The charge will appear on your credit card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Atascadero Greyhound Foundation to charge my credit card indicated below for \$ _____ beginning on _____ (Date) and recurring monthly thereafter.

Billing Details

Billing Address _____ Phone # _____

City _____ State _____ Zip _____

Email _____

Credit Card Information

Visa Mastercard AMEX Discover

Cardholder's Name: _____ Expiration Date ____/____

Credit Card Number: _____ Security Code (CVV) _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Atascadero Greyhound Foundation in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized use of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Individual's Signature _____ **Date:** _____

Mail To:
Atascadero Greyhound Foundation
P.O. Box 3120
Atascadero, CA 93423
Tax I.D. #77-0390865