

CREDIT CARD AUTHORIZATION FORM

I authorize Sutter Lawn Tennis Club of Sacramento, Inc. to electronically charge the card on file according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of Billing:			
Starting on(Dat	and on the 10th of each r	month, if the 10th falls on	a weekend, it will be
processed on the following business day, throu		for the outstanding monthly balance.	
	((Date)	
Customer Bank Acco	unt Information:		
 Credit Card		EXP Date	CVV
This payment authorization is to remain in effect until I,		I,(Member Nai	
Sutter Lawn Tennis C	lub of Sacramento, Inc. of its cand	•	•
for the business and	receiving financial institution to h	ave a reasonable opportu	nity to act on it.
 Member Signature		 Date	
Wember Signature		butc	
Member Printed Nan	ne		