



**Credit Card Payment Authorization Form**

Due to new system changes, we will be implementing a new payment system. Moving forward all customers will be required to pay in full upon completion of each purchase and or work order. We will no longer be sending out monthly statements. For any charges incurred prior to the return of this form you will be contacted by the appropriate department to discuss payment arrangements for those charges.

Effective upon completion of the authorization form:

You authorize charges to your Visa, MasterCard, American Express. You will be charged for each purchase or work order upon completion. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under \$1000. If your bill is more than that amount, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I \_\_\_\_\_ authorize The Cove Marina & Recreation Centre to charge my credit card indicated below upon completion of each purchase and or work order.  
(Full Name)

I understand that I will only receive advance notice of the charge, if it exceeds \$1000.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City, \_\_\_\_\_ Province, \_\_\_\_\_ Postal code \_\_\_\_\_

Billing address must match the address as shown on your credit card statement

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Amex

Cardholder Name (as it appears on the card) \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization. This payment authorization is for the type of bill, indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.