

Automatic Payment Authorization Form

Current Date:

Last Name: _____

First Name: _____



I understand that the said amount of _____ will be automatically charged to my credit card listed below on the 1st of every month until I give notice that I have vacated from the unit(s) & or RV spots(s) # _____.

Credit Card Type (check one) Visa MasterCard

Name as it appears on card: _____ Expiration Date: _____ / _____

Credit Card #

Check Digits:

Signature: _____

Date: _____