

NORTH LAKE TAHOE
HISTORICAL SOCIETY

P.O. Box 6141 • TAHOE CITY, CA 96145

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your month credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Zip: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

PAYMENT INFORMATION

I _____ authorize the North Lake Tahoe Historical Society to
(Name)
automatically bill the card ending in _____ listed below as specified:
(last 4 digits of card)

Product / Service description: Donation Membership Other (please specify): _____

Recurring amount: \$ _____

Frequency: Once Daily Weekly Biweekly Monthly Quarterly

Start on: ____/____/____ End on: ____/____/____ No end date
Month Day Year Month Day Year

Cardholder Signature X _____ Date ____/____/____

P.O. Box 6141, Tahoe City, CA 96145 ~ Fed Tax ID#: 23-7100332
www.northtahoemuseums.org

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____ Billing Zip: _____