



Post Office Box 597 ~ Ligonier, PA 15658 ~ contact@ligoniercountryclub.com ~ 724-238-7620

Credit Card Authorization Form

If you would like to enjoy the convenience of automatic payments, simply complete and sign this form. All requested information is required. This automatic payment authorization may be canceled at any time by notifying the office in writing. A new form must be submitted to change or update your card number.

Card Information

Credit Card Type: ____ Visa ____ MasterCard

Card Number: _____

Exp. Date: ____ / ____ CVV # ____ (three digits on reverse side of card)

Name as it appears on the card: _____

Street Address: _____ Zip code: _____

Agreement

I authorize Ligonier Country Club to keep the above card on file and to charge it for all monthly invoices on the 15th of the month (or next business day) following the date of the invoice.

I agree to bring any billing discrepancies to the controller's attention within 10 days of the billing date to avoid overcharges.

Cardholder's Signature: _____ Date: _____

For LCC Member: _____ Acct # _____

Return this form to Ligonier Country Club
Mail: PO Box 597, Ligonier, PA 15658
Fax: 724-238-3464
Email: beth@ligoniercountryclub.com