





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

## Credit Card Authorization Form

Card Information All requested information is required.

Credit Card Type: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Amex

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ CVV # \_\_\_\_\_ Zip code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Street Address (only): \_\_\_\_\_

One-time Use of is card is authorized for the purpose of \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ (example: payment on account in the amount of \$100)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Recurring payments of my LCC Account (complete agreement below)

### Recurring Payments Agreement

I authorize Ligonier Country Club to keep the above card on file and to charge it for all monthly invoices on the 15<sup>th</sup> 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.

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. It is my duty to keep the card on file current and understand that late charges may occur if the card is not kept up to date.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For LCC Member: \_\_\_\_\_ Acct # \_\_\_\_\_ New \_\_\_\_\_

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

*This form will be redacted after first payment*