



Luke AFB RV Storage Credit Card Recurring Payment Authorization Form



Recurring Payments Will Make Your Life Easier:

- It's Convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, or Mastercard. You will be charged each billing month for the total amount due. A receipt will be e-mailed to you and the charge will appear on your credit card statement. If card is declined I have 15 days to provide new card #. After 15 days a \$10 fee will be charged. You agree that no prior-notification will be provided if the total payment is under the amount authorized below. If your bill is more than the amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Outdoor Recreation Luke AFB, AZ to charge my credit card below on:

The **First** of each month, for payment of my storage space # _____ in the amount of \$ _____.

I understand that I will only receive advance notice of the charge if it exceeds an amount different than authorized. Examples: Change in Duty Status, Assigned/Not assigned to Luke AFB, Retiring..

Billing Address: _____

City, State, Zip: _____

Phone # _____ E-Mail: _____

I authorize Outdoor Recreation to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Outdoor Recreation in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the payment of monthly RV Storage fees to Outdoor Recreation, Luke AFB. 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.

SIGNATURE: _____ DATE: _____

ODR Initials: _____ Date entered into Orbital: _____

Date deleted/removed from Orbital: _____

-----Tear here and Shred after info is entered into Orbital -----

Account Type: Visa MasterCard

Cardholder Name: (please Print) _____

Account Number: _____ Expiration Date: _____