



# Audubon Center of the North Woods

*Experience Your Environment*

## Recurring Donation Authorization Form - Credit Card

Schedule your donation to be automatically charged to your Visa, MasterCard or Discover card. Just complete, sign and return this form to get started!

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your credit card statement as "???" You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete this form and mail to ACNW, PO Box 530, Sandstone, MN 55072.

I, \_\_\_\_\_, authorize the Audubon Center of the North Woods to charge my bank or credit

print full name

card account indicated below in the amount of \$\_\_\_\_\_ on the:

15th day of each month

25th day of each month

once per year

} *Check one*

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

<p><b>Credit Card Information</b></p> <p><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> Discover</p> <p>Cardholder Name _____</p> <p>Account Number _____</p> <p>Expiration Date _____</p> <p>CVV (3 digit number on back of card) _____</p>
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Audubon Center of the North Woods in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. The mailing address is ACNW, PO Box 530, Sandstone, MN 55072. 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 certify that I am an authorized user of this bank/credit card account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.