



## CREDIT CARD PAYMENT AUTHORIZATION

Name: \_\_\_\_\_

Membership Number (if applicable): \_\_\_\_\_

Membership Expiry Date: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (B) \_\_\_\_\_

Items purchased:

\_\_\_\_\_

I hereby authorize the Glendon Athletic Club to charge my credit card account in the amount of \$\_\_\_\_\_.

### Credit Card Information

Please indicate one:  Visa  MasterCard

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

Expiry Date: \_\_\_\_\_

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

**Note: If you no longer require the GAC to keep a copy of your credit card information on file, please notify the membership office.**