

NOHLC Recurring Payment Authorization Form

DONOR INFORMATION

Name:

Phone:

Current address:

City:

State:

ZIP Code:

E-Mail:

PAYMENT INFORMATION

I authorize North Oakland Headwaters Land Conservancy (NOHLC) to automatically bill the card listed below as specified:

Recurring Amount:

Frequency:
(check one)

Weekly

Bi-Monthly

Monthly

Quarterly

Start on: _____/_____/_____
Month Day Year

(check one)
 End on: _____/_____/_____
Month Day Year

No end date

CREDIT CARD INFORMATION

Circle One: Master Card Visa Discover American Express

Cardholder Name:

Billing Address:

ZIP Code:

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Applicant Signature & Date:

Credit Card
Expiration Date:

Security Code:

Credit Card Number:

Please Note: The lower portion of this form with Credit Card Number will be destroyed/shred after entered in our encrypted Bookkeeping system (Intuit Quickbooks).