

**CTC CREDIT CARD AUTHORIZATION FORM  
FOR RECURRING CHARGES**

Please fill in the information and sign below.

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

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

Email: \_\_\_\_\_

Credit Card Type [check one]  Master Card  Visa

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Credit Card Holder's Name [print]: \_\_\_\_\_  
[Exactly as it appears on the credit card]

Billing Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Holder Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize – Charleston Tennis Club – to initiate a recurring charge to the credit card indicated above for the total amount due each month on my CTC statement.

I understand that I may cancel my recurring charge upon written notice to Charleston Tennis Club allowing thirty days (30) time for action on my cancellation notice.

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_