



Recurring Credit Card Payment Authorization

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 provided to you at the email address listed below and the charge will appear on your credit card statement. 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.

I, _____, authorize Bruce Sims Golf School to charge my
(Cardholder's Name)

Credit Card below for the services and at rates indicated.

(This Section to be completed by Bruce Sims Golf School before signing)

Student Name: _____ New Student ___ Returning Student
\$ _____ One time for non-refundable new student administration fee
\$ _____ each month for Level _____
\$ _____ When promoted to next Level _____ and each month thereafter

Credit Card Details (please print clearly)

Cardholder Name _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date ____ / ____ Zip Code _____ CVV Code ____

Billing Address _____ City, State, Zip _____

Phone # _____ Email address _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bruce Sims Golf School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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 acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

CARD HOLDER SIGNATURE _____ DATE _____