

# Cavalía Stables, LLC

## Credit Card/Recurring Payment Authorization Form

Rider Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

### CREDIT CARD INFORMATION

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Type of Card:  Visa  MC  Amex  other

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_ CVV (3 digit # on the back of the card): \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

By signing this form, you authorize Cavalía Stables to charge the amount listed above.

one-time charge to my credit account

Recurring charge to be charged whenever payment is due (If selected, please complete below)

**Here's How Recurring Payments Work:** You authorize regularly scheduled charges to your debit or credit card. You will be charged the amount indicated below for each billing period. A receipt for each payment will be sent to you, should you choose and the charge will appear on your bank statement as POS DEBIT Cavalía Stables. *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 the following information:** I (full name) \_\_\_\_\_ authorize **Cavalía Stables** to charge my credit or debit card, as indicated below for the amount chosen on the **25<sup>th</sup>** of each month for payment of my riding lessons or lease with Cavalía Stables for the following month. If a lesson package is chosen it will reflect the number of lessons in a given month, i.e. if there are 5 Wednesdays instead of 4 you will be charged for that extra lesson unless other arrangements are made before billing is done.

Clients Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Cavalía Stables** in writing of any changes in my account information or termination of this authorization at least 30 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 previous or next business day. For charges to my debit/credit card, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) I understand that **Cavalía Stables** may, at its discretion, attempt to process the charge again within 10 days, and agree to an additional **\$35** charge for each returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of Auto Payment transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit/debit card and will not dispute these scheduled transactions with my bank, debit or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form. The prices located within are subject to change with written notice. I understand that all payments for any and all services are non-refundable, no exceptions.