

2018 AUTOMATIC BILLING AUTHORIZATION FORM
FOR RECURRING PAYMENTS TO THE
INDIANOLA BEACH IMPROVEMENT CLUB

* Please print out and return this form **WITH** your 2018 membership application.
DISREGARD this if you do not wish to make recurring payments. **We will make one charge to your card a year for the yearly application fee.**

Name on credit card exactly as printed

This is a ___ VISA _____ Master Card _____ Discover Card

_____ American Express

Amount authorized to be charged to card _____

Billing address for credit card (Street, Apt. #)

City, State, Zip

Credit card number and expiration date

I authorize you to charge my bill directly to the credit card listed above.

Signature

Date

Please note: The IBIC will contact you to update information when your card expires.