



Westwood Shores POA

Credit/Debit Card Automatic Payment Authorization Form

Customer Name: _____

Section/Block/Lot: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone No: _____

Credit/Debit Card Automatic Payment:

Please Circle one: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card #: _____ **CVV:** _____

Expiration Date: _____ / _____

Requested date of Charge: _____

Amount to be Charged: _____

I (we) hereby authorize you to pay and charge to the credit card listed above, for all charges owed to Westwood Shores POA. This authorization will remain in effect for all future charges, including those increases duly authorized and voted into effect by the Board of Trustees of Westwood Shores POA as applicable, until revoked by me in writing. I agree that you will be fully protected in honoring such charges until such revocation is actually received.

I agree that your treatment of such charges and your rights to it shall be the same as if it were signed personally by me and that if any such charge is declined, whether with or without cause, you shall be under no liability whatsoever, even if dishonor results in forfeiture of my contract of property rights.

Signature: _____ **Date:** _____