



## CREDIT CARD PAYMENT FORM

**Date:** \_\_\_\_\_

**Lot/Sec (Member #):** \_\_\_\_\_

**Total amount to be charged to my card:** \$ \_\_\_\_\_

**To be applied to** \_\_\_\_\_ (e.g.: fitness ctr., assessment, tenant fees)

**Name (as it appears on card):** \_\_\_\_\_

**Address (as it appears on credit card bill):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Visa       Mastercard       Discover       American Express

**Credit Card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ / \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Required for Processing)

**By completing and signing this form, I authorize Lake of the Woods Association, Inc. to charge my credit card as indicated.**