

KAWKAWA CAMP SOCIETY
Credit Card Authorization From

To: **Kawkawa Camp Society** _____

Re: _____

Credit Card Authorization

Cardholder Information

Cardholder Name: _____

Physical Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone number: _____ Email: _____

Credit Card information

Visa ☐ Mastercard ☐

Credit Card Number: _____

Expiration Date: _____

CVV Number: _____

Name on Card: _____

Credit Card Authorization Details

This Agreement is for an: Individual ☐ *Business* ☐

I/we authorize **Kawkawa Camp Society** and their designated service provider to debit my/our bank account as per the following schedule:

☐ Recurring Payments of \$ _____ on the _____ **day** of each month or the next business day,

☐ One (1) time payment of \$ _____ on _____ (Date)

I/we have waived my/our right to receive pre-notification of the amount of the charge and agreed that I/we do not require advance notice of the amount of charge before the debit is processed.

I/we may revoke my authorization at any time, subject to providing notice of **10 days** to **Kawkawa Camp Society**.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement.

Authorization - Signature of CardHolder(s) for the account provided above.

To enter into this agreement the required number of signatures to authorize transactions on the above bank account must be provided below:

(Name – please print)

(Name – please print)

Date: _____

Date: _____

KAWKAWA CAMP SOCIETY
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Hope, BC V0X 1L1
604-869-9637 info@kawkawa.com