



# Milk River Cable Club

Box 698, 201 Main Street  
Milk River, AB. T0K 1M0  
Phone: 403-647-2115 Fax: 403-524-4750

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

## PRE-AUTHORIZED CREDIT CARD AGREEMENT

### 1. CUSTOMER INFORMATION (PLEASE PRINT CLEARLY)

NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER \_\_\_\_\_

### 2. CREDIT CARD INFORMATION (PLEASE PRINT CLEARLY)

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ CVS: \_\_\_\_\_ MASTERCARD:  VISA:

AUTHORIZED SIGNATURE: \_\_\_\_\_ COPY TAKEN: \_\_\_\_\_ (INITIAL)

### 3. PRE-AUTHORIZED CREDIT CARD PAYMENT DETAILS

I \_\_\_\_\_ authorize MILK RIVER CABLE CLUB and my credit card company to begin deductions as per my/our instructions for monthly regular recurring payments, and/or one-time monthly payments from time-to-time, for the payment of all charges arising under my/our MILK RIVER CABLE CLUB account(s). Regular monthly payments for the amount of services delivered will be debited from my/our specified account on the \_\_\_\_\_ day of each month. MILK RIVER CABLE CLUB will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until MILK RIVER CABLE CLUB had received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/we may obtain a sample cancellation form or more information on my/our right to cancel a Pre-Authorized Payment agreement at my credit card company. MILK RIVER CABLE CLUB may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any Pre-Authorized payment that is not authorized or is not consistent with this agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution.

I have read and understand the terms of this agreement.

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

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