



Oregon Ki Society

Recurring Credit Card Payment Authorization

P.O. Box 2143
Lake Oswego, OR 97035
503.684.0185
<http://www.oregonki.org>

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. Charges will appear on your credit card statement as "OREGON KI SOCIETY". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize the Oregon Ki Society to charge this Credit Card as shown below:

Credit Card	details on file
Payee	Oregon Ki Society
Payment for	Monthly Dues
Amount	\$ _____
Billing Period	Monthly
Charge Date	First business day of each month

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Oregon Ki Society in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Cardholder's Signature)

DATE _____