



### Payment Plan Credit Card Authorization Form

This form is to authorize Rockwall Gun Club, LLC on making monthly, quarterly and or annual debits to your credit card listed below. A state tax of 8.25% will be added to all amounts and **any membership dues paid annually will receive a 10% discount.\***

Please complete the information below:

I \_\_\_\_\_ with \_\_\_\_\_ authorize Rockwall Gun Club to charge  
(full name) (corporate name)

my credit card account on or after \_\_\_\_\_ indicated for \_\_\_\_\_  
(date) (description of goods/service)

- Individual Membership **Dues** - Monthly \$ \_\_\_\_\_ or Annually \$ \_\_\_\_\_
- **Membership Payment Plan** - Monthly \$ \_\_\_\_\_ or Quarterly \$ \_\_\_\_\_
- Family Membership **Dues** - Monthly \$ \_\_\_\_\_ or Annually \$ \_\_\_\_\_
- **Membership Payment Plan** - Monthly \$ \_\_\_\_\_ or Quarterly \$ \_\_\_\_\_
- Corporate Membership **Dues** - Monthly \$ \_\_\_\_\_ or Annually \$ \_\_\_\_\_
- **Membership Payment Plan** - Monthly \$ \_\_\_\_\_ or Quarterly \$ \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Card Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Total \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing this form, you give Rockwall Gun Club, LLC permission to debit your account for the amount indicated on or after the indicated date and according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.